

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Allstate Insurance Company PAC

ADDRESS (number and street) ▼

2775 Sanders Road Suite A2W

☐ Check if different than previously reported. (ACC)

Northbrook

IL

60062

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00040253

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2015

through

M M M / D D D / Y Y Y Y Y Y
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mario Rizzo

Signature of Treasurer

Mario Rizzo

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 16 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		36833.08
(b) Cash on Hand at Beginning of Reporting Period.....	74570.77	
(c) Total Receipts (from Line 19)	21283.27	202845.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95854.04	239678.91
7. Total Disbursements (from Line 31)	32337.33	176162.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63516.71	63516.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

To:

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

20069.71

146521.10

(ii) Unitemized

1213.56

56324.73

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

21283.27

202845.83

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

21283.27

202845.83

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

21283.27

202845.83

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

21283.27

202845.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	87.33	952.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.33	952.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	144000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	13750.00	31210.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32337.33	176162.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32337.33	176162.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21283.27	202845.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21283.27	202845.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	87.33	952.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	87.33	952.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. REBECCA A ABEL

Mailing Address 657 CORAL COURT

City

LINDENHURST

State

IL

Zip Code

84724-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.58

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986888

Amount of Each Receipt this Period

26.18

Full Name (Last, First, Middle Initial)

B. REBECCA A ABEL

Mailing Address 657 CORAL COURT

City

LINDENHURST

State

IL

Zip Code

84724-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	8		2	0	1	5		

Transaction ID : A2015-2170861

Amount of Each Receipt this Period

26.18

Full Name (Last, First, Middle Initial)

C. MICHAEL W AGAR

Mailing Address 200 W MILL VALLEY DR

City

COLLEYVILLE

State

TX

Zip Code

81742-8653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Service Manager-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986830

Amount of Each Receipt this Period

16.84

SUBTOTAL of Receipts This Page (optional)..... ►

69.20

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL W AGAR

Mailing Address 200 W MILL VALLEY DR

City

COLLEYVILLE

State

TX

Zip Code

81742-8653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Service Manager-Exp

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

319.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170803

Amount of Each Receipt this Period

16.84

Full Name (Last, First, Middle Initial)

B. DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

48047-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

422.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986664

Amount of Each Receipt this Period

23.55

Full Name (Last, First, Middle Initial)

C. DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

48047-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

446.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170637

Amount of Each Receipt this Period

23.55

SUBTOTAL of Receipts This Page (optional)..... ►

63.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse Unit 508

City	State	Zip Code
Chicago	IL	31750-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986834

Amount of Each Receipt this Period

34.36

Full Name (Last, First, Middle Initial)

B. ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse Unit 508

City	State	Zip Code
Chicago	IL	31750-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170807

Amount of Each Receipt this Period

34.36

Full Name (Last, First, Middle Initial)

C. WILLIAM P BALLINGER

Mailing Address 61 Tournament Dr N

City	State	Zip Code
Hawthorn Woods	IL	84755-0459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-PO-Chief Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986705

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

126.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM P BALLINGER

Mailing Address 61 Tournament Dr N

City State Zip Code
Hawthorn Woods IL 84755-0459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-PO-Chief Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170678

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. PHILLIP W BANET

Mailing Address 1975 Merlot Ct

City State Zip Code
Wheeling IL 60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
PIM-Actuary-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986731

Amount of Each Receipt this Period

43.90

Full Name (Last, First, Middle Initial)

C. PHILLIP W BANET

Mailing Address 1975 Merlot Ct

City State Zip Code
Wheeling IL 60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
PIM-Actuary-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170704

Amount of Each Receipt this Period

43.90

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT K BECKER

Mailing Address 5 Greensview Lane

City

Scotch Plains

State

NJ

Zip Code

90875-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

549.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986677

Amount of Each Receipt this Period

30.63

Full Name (Last, First, Middle Initial)

B. ROBERT K BECKER

Mailing Address 5 Greensview Lane

City

Scotch Plains

State

NJ

Zip Code

90875-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

580.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170650

Amount of Each Receipt this Period

30.63

Full Name (Last, First, Middle Initial)

C. DWAYNE A BELL

Mailing Address 309 YORK DRIVE

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

STRATEGIC OPS A

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

238.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986839

Amount of Each Receipt this Period

14.01

SUBTOTAL of Receipts This Page (optional)..... ►

75.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DWAYNE A BELL

Mailing Address 309 YORK DRIVE

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

STRATEGIC OPS A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.21

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170812

Amount of Each Receipt this Period

14.01

Full Name (Last, First, Middle Initial)

B. DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 84739-8948

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Accounting Research-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986759

Amount of Each Receipt this Period

23.31

Full Name (Last, First, Middle Initial)

C. DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 84739-8948

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Accounting Research-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.87

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170732

Amount of Each Receipt this Period

23.31

SUBTOTAL of Receipts This Page (optional)..... ►

60.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 63035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
ATO-Architect-Sr Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.51

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986801

Amount of Each Receipt this Period

37.88

Full Name (Last, First, Middle Initial)

B. WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 63035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
ATO-Architect-Sr Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.39

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170774

Amount of Each Receipt this Period

37.88

Full Name (Last, First, Middle Initial)

C. ROBERT W BIRMAN

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code
LINCOLN NE 40242-0195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
ALR-Cust Fulfillment-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.44

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986803

Amount of Each Receipt this Period

20.45

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT W BIRMAN

Mailing Address 7533 WHITLOCK PLACE

City
LINCOLN

State
NE

Zip Code
40242-0195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.89

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170776

Amount of Each Receipt this Period

20.45

Full Name (Last, First, Middle Initial)

B. SUSAN F BOMBECK

Mailing Address 506 Blackhawk Ct

City
Loomis

State
CA

Zip Code
91666-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.37

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986889

Amount of Each Receipt this Period

16.85

Full Name (Last, First, Middle Initial)

C. SUSAN F BOMBECK

Mailing Address 506 Blackhawk Ct

City
Loomis

State
CA

Zip Code
91666-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.22

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170862

Amount of Each Receipt this Period

16.85

SUBTOTAL of Receipts This Page (optional)..... ►

54.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DOUGLAS L BORG

Mailing Address 11988 Crafton Hills Crt

City	State	Zip Code
Yucaipa	CA	91667-7795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Financial Sales Consu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986884

Amount of Each Receipt this Period

33.49

Full Name (Last, First, Middle Initial)

B. DOUGLAS L BORG

Mailing Address 11988 Crafton Hills Crt

City	State	Zip Code
Yucaipa	CA	91667-7795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Financial Sales Consu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170857

Amount of Each Receipt this Period

33.49

Full Name (Last, First, Middle Initial)

C. WILLIAM B BORST

Mailing Address 827 N. HADDOW AVENUE

City	State	Zip Code
ARLINGTON HTS	IL	84725-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AB2B-Head of Strategic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986758

Amount of Each Receipt this Period

32.60

SUBTOTAL of Receipts This Page (optional)..... ►

99.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM B BORST

Mailing Address 827 N. HADDOW AVENUE

City	State	Zip Code
ARLINGTON HTS	IL	84725-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AB2B-Head of Strategic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170731

Amount of Each Receipt this Period

32.60

Full Name (Last, First, Middle Initial)

B. GWEN K BOWN

Mailing Address 5220 SAWGRASS DR.

City	State	Zip Code
LINCOLN	NE	40244-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986869

Amount of Each Receipt this Period

17.50

Full Name (Last, First, Middle Initial)

C. GWEN K BOWN

Mailing Address 5220 SAWGRASS DR.

City	State	Zip Code
LINCOLN	NE	40244-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170842

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)..... ►

67.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LONDON B BRADLEY

Mailing Address 6350 S Langdale Way

City State Zip Code
Aurora CO 72028-7235

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986874

Amount of Each Receipt this Period

43.29

Full Name (Last, First, Middle Initial)

B. LONDON B BRADLEY

Mailing Address 6350 S Langdale Way

City State Zip Code
Aurora CO 72028-7235

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.64

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170847

Amount of Each Receipt this Period

43.29

Full Name (Last, First, Middle Initial)

C. DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City State Zip Code
GRAYSLAKE IL 84754-8717

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company PF-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986699

Amount of Each Receipt this Period

21.84

SUBTOTAL of Receipts This Page (optional)..... ►

108.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City State Zip Code
 GRAYSLAKE IL 84754-8717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PF-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.90

Date of Receipt

MM / DD / YYYY
 09 / 18 / 2015

Transaction ID : A2015-2170672

Amount of Each Receipt this Period

21.84

Full Name (Last, First, Middle Initial)

B. SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
 LAKE ZURICH IL 84743-8152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Technical Execu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.35

Date of Receipt

MM / DD / YYYY
 09 / 04 / 2015

Transaction ID : A2015-1986763

Amount of Each Receipt this Period

55.57

Full Name (Last, First, Middle Initial)

C. SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
 LAKE ZURICH IL 84743-8152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Technical Execu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.92

Date of Receipt

MM / DD / YYYY
 09 / 18 / 2015

Transaction ID : A2015-2170736

Amount of Each Receipt this Period

55.57

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

132.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

84782-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-T

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

386.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986826

Amount of Each Receipt this Period

21.63

Full Name (Last, First, Middle Initial)

B. PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

84782-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-T

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

408.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170799

Amount of Each Receipt this Period

21.63

Full Name (Last, First, Middle Initial)

C. JOHN E BUCHANAN

Mailing Address 26 W. 690 LINDSEY AVE.

City

WINFIELD

State

IL

Zip Code

63069-0428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986818

Amount of Each Receipt this Period

18.78

SUBTOTAL of Receipts This Page (optional)..... ►

62.04

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN E BUCHANAN

Mailing Address 26 W. 690 LINDSEY AVE.

City
WINFIELDState
ILZip Code
63069-0428FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170791

Amount of Each Receipt this Period

18.78

Full Name (Last, First, Middle Initial)

B. CHERI M BUCKLEY

Mailing Address 249 S. OLD CREEK RD

City
VERNON HILLSState
ILZip Code
84791-3969FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986823

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

C. CHERI M BUCKLEY

Mailing Address 249 S. OLD CREEK RD

City
VERNON HILLSState
ILZip Code
84791-3969FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170796

Amount of Each Receipt this Period

13.67

SUBTOTAL of Receipts This Page (optional)..... ►

46.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARK L BUKOWY

Mailing Address 1077 Devon Drive

City	State	Zip Code
Antioch	IL	84783-8132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986761

Amount of Each Receipt this Period

17.10

Full Name (Last, First, Middle Initial)

B. MARK L BUKOWY

Mailing Address 1077 Devon Drive

City	State	Zip Code
Antioch	IL	84783-8132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170734

Amount of Each Receipt this Period

17.10

Full Name (Last, First, Middle Initial)

C. TYRONE A BURNO

Mailing Address 868 CHARLTON ROAD

City	State	Zip Code
LAKE VILLA	IL	84726-5765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Workforce Relations-Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986696

Amount of Each Receipt this Period

18.05

SUBTOTAL of Receipts This Page (optional)..... ►

52.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TYRONE A BURNO

Mailing Address 868 CHARLTON ROAD

City

LAKE VILLA

State

IL

Zip Code

84726-5765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Workforce Relations-Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170669

Amount of Each Receipt this Period

18.05

Full Name (Last, First, Middle Initial)

B. GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

84757-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-HR-Client Partnership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986692

Amount of Each Receipt this Period

60.35

Full Name (Last, First, Middle Initial)

C. GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

84757-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-HR-Client Partnership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1139.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170665

Amount of Each Receipt this Period

60.35

SUBTOTAL of Receipts This Page (optional)..... ►

138.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALICE M BYRNE

Mailing Address 4121 109TH STREET

City State Zip Code
 PLEASANT PRAIRI WI 26294-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1686.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986847

Amount of Each Receipt this Period

94.81

Full Name (Last, First, Middle Initial)

B. ALICE M BYRNE

Mailing Address 4121 109TH STREET

City State Zip Code
 PLEASANT PRAIRI WI 26294-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1781.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170820

Amount of Each Receipt this Period

94.81

Full Name (Last, First, Middle Initial)

C. Alfredo M Cantoral

Mailing Address 1960 Clyde Dr

City State Zip Code
 Naperville IL 41424-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company L&R-Investment Attorney-E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986926

Amount of Each Receipt this Period

27.80

SUBTOTAL of Receipts This Page (optional)..... ►

217.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Alfredo M Cantoral

Mailing Address 1960 Clyde Dr

City
NapervilleState
ILZip Code
41424-8038FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170899

Amount of Each Receipt this Period

27.80

Full Name (Last, First, Middle Initial)

B. Michael Capuzzi

Mailing Address 2630 W. Winona Street

City
ChicagoState
ILZip Code
76344-3401FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CLAIMS-Regional Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986940

Amount of Each Receipt this Period

41.54

Full Name (Last, First, Middle Initial)

c. Michael Capuzzi

Mailing Address 2630 W. Winona Street

City
ChicagoState
ILZip Code
76344-3401FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CLAIMS-Regional Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170913

Amount of Each Receipt this Period

41.54

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City

ELMHURST

State

IL

Zip Code

63083-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Communications-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986806

Amount of Each Receipt this Period

22.13

Full Name (Last, First, Middle Initial)

B. VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City

ELMHURST

State

IL

Zip Code

63083-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Communications-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

373.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170779

Amount of Each Receipt this Period

22.13

Full Name (Last, First, Middle Initial)

C. BRIAN L CLARK

Mailing Address 257 Lake Circle

City

MADISON

State

MS

Zip Code

60185-6258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-CAT Finance & Resp

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

354.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986855

Amount of Each Receipt this Period

19.94

SUBTOTAL of Receipts This Page (optional)..... ►

64.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BRIAN L CLARK

Mailing Address 257 Lake Circle

City
MADISONState
MSZip Code
60185-6258FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-CAT Finance & Resp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170828

Amount of Each Receipt this Period

19.94

Full Name (Last, First, Middle Initial)

B. EDWARD T CLARK

Mailing Address 9484 Ashford Place

City

Brentwood

State

TN

Zip Code

61545-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986811

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. EDWARD T CLARK

Mailing Address 9484 Ashford Place

City

Brentwood

State

TN

Zip Code

61545-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170784

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)..... ►

83.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KELLY A CLARK

Mailing Address 258 FOXFORD DR

City
CARY

State
IL

Zip Code
84751-6373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.93

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986833

Amount of Each Receipt this Period

20.61

Full Name (Last, First, Middle Initial)

B. KELLY A CLARK

Mailing Address 258 FOXFORD DR

City
CARY

State
IL

Zip Code
84751-6373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.54

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170806

Amount of Each Receipt this Period

20.61

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER W CLAY

Mailing Address 9832 Toscano Drive

City
ELK GROVE

State
CA

Zip Code
91647-9467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.89

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986904

Amount of Each Receipt this Period

37.55

SUBTOTAL of Receipts This Page (optional)..... ►

78.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER W CLAY

Mailing Address 9832 Toscano Drive

City

ELK GROVE

State

CA

Zip Code

91647-9467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

710.44

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170877

Amount of Each Receipt this Period

37.55

Full Name (Last, First, Middle Initial)

B. DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City

PALM HARBOR

State

FL

Zip Code

72793-9934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Mktg-Regional Field-Sr Mg

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

619.47

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986809

Amount of Each Receipt this Period

34.75

Full Name (Last, First, Middle Initial)

C. DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City

PALM HARBOR

State

FL

Zip Code

72793-9934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Mktg-Regional Field-Sr Mg

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

654.22

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170782

Amount of Each Receipt this Period

34.75

SUBTOTAL of Receipts This Page (optional)..... ►

107.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

84744-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MKTG-Integrated Commu

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

704.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986787

Amount of Each Receipt this Period

39.13

Full Name (Last, First, Middle Initial)

B. LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

84744-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MKTG-Integrated Commu

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

743.47

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170760

Amount of Each Receipt this Period

39.13

Full Name (Last, First, Middle Initial)

C. PATRICK E COCHRANE

Mailing Address 6911 Brimstone Lane

City

Fairfax Station

State

VA

Zip Code

70325-0381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Client Partner Field B

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

312.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986712

Amount of Each Receipt this Period

17.47

SUBTOTAL of Receipts This Page (optional)..... ►

95.73

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PATRICK E COCHRANE

Mailing Address 6911 Brimstone Lane

City

State

Zip Code

Fairfax Station

VA

70325-0381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Allstate Insurance Company

HR-Client Partner Field B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.81

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170685

Amount of Each Receipt this Period

17.47

Full Name (Last, First, Middle Initial)

B. PATRICIA A COFFEY

Mailing Address 21200 W. KEPWICK

City

State

Zip Code

KILDEER

IL

84754-0080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Allstate Insurance Company

SVP-ATSV-Delivery & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986790

Amount of Each Receipt this Period

36.72

Full Name (Last, First, Middle Initial)

C. PATRICIA A COFFEY

Mailing Address 21200 W. KEPWICK

City

State

Zip Code

KILDEER

IL

84754-0080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Allstate Insurance Company

SVP-ATSV-Delivery & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170763

Amount of Each Receipt this Period

36.72

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City
GURNEEState
ILZip Code
84761-2466FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Public Policy Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986755

Amount of Each Receipt this Period

53.74

Full Name (Last, First, Middle Initial)

B. EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City
GURNEEState
ILZip Code
84761-2466FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Public Policy Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170728

Amount of Each Receipt this Period

53.74

Full Name (Last, First, Middle Initial)

C. LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City
PalatineState
ILZip Code
84720-2080FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PO-Actuary-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986777

Amount of Each Receipt this Period

21.79

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

129.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City State Zip Code
Palatine IL 84720-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
PO-Actuary-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.08

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170750

Amount of Each Receipt this Period

21.79

Full Name (Last, First, Middle Initial)

B. PETER T CORRIGAN

Mailing Address 28852 FOREST LAKE LANE

City State Zip Code
GREEN OAKS IL 84791-8897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-ATSV-Group CIO Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1267.24

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986662

Amount of Each Receipt this Period

70.75

Full Name (Last, First, Middle Initial)

C. PETER T CORRIGAN

Mailing Address 28852 FOREST LAKE LANE

City State Zip Code
GREEN OAKS IL 84791-8897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-ATSV-Group CIO Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1337.99

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170635

Amount of Each Receipt this Period

70.75

SUBTOTAL of Receipts This Page (optional)..... ►

163.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ERROL CRAMER

Mailing Address 1111 SARANAC AVE.

City

NORTHBROOK

State

IL

Zip Code

84720-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986792

Amount of Each Receipt this Period

19.37

Full Name (Last, First, Middle Initial)

B. ERROL CRAMER

Mailing Address 1111 SARANAC AVE.

City

NORTHBROOK

State

IL

Zip Code

84720-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170765

Amount of Each Receipt this Period

19.37

Full Name (Last, First, Middle Initial)

C. Teresa J Dalenta

Mailing Address 528 Cumnor Court

City

Deerfield

State

IL

Zip Code

84777-0342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-PO-Product Line Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986935

Amount of Each Receipt this Period

40.38

SUBTOTAL of Receipts This Page (optional)..... ►

79.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Teresa J Dalenta

Mailing Address 528 Cumnor Court

City

Deerfield

State

IL

Zip Code

84777-0342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-PO-Product Line Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.84

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170908

Amount of Each Receipt this Period

40.38

Full Name (Last, First, Middle Initial)

B. JOHN A DAVISON

Mailing Address 2104 Butternut Ln

City

NORTHBROOK

State

IL

Zip Code

84789-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-HO Leadership-Sr M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.11

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986719

Amount of Each Receipt this Period

19.60

Full Name (Last, First, Middle Initial)

C. JOHN A DAVISON

Mailing Address 2104 Butternut Ln

City

NORTHBROOK

State

IL

Zip Code

84789-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-HO Leadership-Sr M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.71

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170692

Amount of Each Receipt this Period

19.60

SUBTOTAL of Receipts This Page (optional)..... ►

79.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. RANDALL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City	State	Zip Code
Arlington Heights	IL	84774-9293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABO-Agency Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986756

Amount of Each Receipt this Period

47.93

Full Name (Last, First, Middle Initial)

B. RANDALL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City	State	Zip Code
Arlington Heights	IL	84774-9293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABO-Agency Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170729

Amount of Each Receipt this Period

47.93

Full Name (Last, First, Middle Initial)

C. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City	State	Zip Code
ELMHURST	IL	63083-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986822

Amount of Each Receipt this Period

58.91

SUBTOTAL of Receipts This Page (optional)..... ►

154.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

63083-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170795

Amount of Each Receipt this Period

58.91

Full Name (Last, First, Middle Initial)

B. DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City

BARRINGTON

State

IL

Zip Code

84730-4484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Spcl Ops Attorney-Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986804

Amount of Each Receipt this Period

23.50

Full Name (Last, First, Middle Initial)

C. DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City

BARRINGTON

State

IL

Zip Code

84730-4484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Spcl Ops Attorney-Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170777

Amount of Each Receipt this Period

23.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Kristine DiGirolamo

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
 BARRINGTON HILLS IL 84765-8656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-EthicsComplPriv-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986848

Amount of Each Receipt this Period

22.27

Full Name (Last, First, Middle Initial)

B. Kristine DiGirolamo

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
 BARRINGTON HILLS IL 84765-8656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-EthicsComplPriv-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170821

Amount of Each Receipt this Period

22.27

Full Name (Last, First, Middle Initial)

C. Victoria A Dinges

Mailing Address 421 Chapel Hill Lane

City State Zip Code
 Northfield IL 84738-6695

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CR-Ent. Social Resp.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1214.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986909

Amount of Each Receipt this Period

68.14

SUBTOTAL of Receipts This Page (optional)..... ►

112.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Victoria A Dinges

Mailing Address 421 Chapel Hill Lane

City State Zip Code
 Northfield IL 84738-6695

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-CR-Ent. Social Resp.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1282.87

Date of Receipt

M M / D D / Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170882

Amount of Each Receipt this Period

68.14

Full Name (Last, First, Middle Initial)

B. BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code
 Lincolnwood IL 84796-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company PO-Actuary-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.42

Date of Receipt

M M / D D / Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986866

Amount of Each Receipt this Period

22.05

Full Name (Last, First, Middle Initial)

C. BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code
 Lincolnwood IL 84796-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company PO-Actuary-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.47

Date of Receipt

M M / D D / Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170839

Amount of Each Receipt this Period

22.05

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Heather C Dougherty

Mailing Address 12 Laurel Street

City State Zip Code
Rye NY 24020-5470

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Financial Sa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986903

Amount of Each Receipt this Period

18.75

Full Name (Last, First, Middle Initial)

B. Heather C Dougherty

Mailing Address 12 Laurel Street

City State Zip Code
Rye NY 24020-5470

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Financial Sa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170876

Amount of Each Receipt this Period

18.75

Full Name (Last, First, Middle Initial)

C. DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City State Zip Code
MALVERN PA 61064-8037

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986698

Amount of Each Receipt this Period

22.77

SUBTOTAL of Receipts This Page (optional)..... ►

60.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City
MALVERNState
PAZip Code
61064-8037FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170671

Amount of Each Receipt this Period

22.77

Full Name (Last, First, Middle Initial)

B. PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City
VERNON HILLSState
ILZip Code
84793-2174FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CE-Contact Center Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986745

Amount of Each Receipt this Period

37.99

Full Name (Last, First, Middle Initial)

C. PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City
VERNON HILLSState
ILZip Code
84793-2174FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CE-Contact Center Strateg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170718

Amount of Each Receipt this Period

37.99

SUBTOTAL of Receipts This Page (optional)..... ►

98.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Stacy Drumtra

Mailing Address 114 E. Euclid Ave

City

Arlington Heights

State

IL

Zip Code

84757-7671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Corporate Comm-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986910

Amount of Each Receipt this Period

37.08

Full Name (Last, First, Middle Initial)

B. Stacy Drumtra

Mailing Address 114 E. Euclid Ave

City

Arlington Heights

State

IL

Zip Code

84757-7671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Corporate Comm-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170883

Amount of Each Receipt this Period

37.08

Full Name (Last, First, Middle Initial)

C. SUSAN DUCHAK

Mailing Address 4815 HIGHLAND AVE.

City

DOWNERS GROVE

State

IL

Zip Code

63085-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Philanthropy-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986900

Amount of Each Receipt this Period

16.10

SUBTOTAL of Receipts This Page (optional)..... ►

90.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SUSAN DUCHAK

Mailing Address 4815 HIGHLAND AVE.

City	State	Zip Code
DOWNERS GROVE	IL	63085-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Philanthropy-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170873

Amount of Each Receipt this Period

16.10

Full Name (Last, First, Middle Initial)

B. DONALD L DUFF

Mailing Address 2 Washington Ct..

City	State	Zip Code
STREAMWOOD	IL	63085-5567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABI-Product Line-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986744

Amount of Each Receipt this Period

39.13

Full Name (Last, First, Middle Initial)

C. DONALD L DUFF

Mailing Address 2 Washington Ct..

City	State	Zip Code
STREAMWOOD	IL	63085-5567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABI-Product Line-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170717

Amount of Each Receipt this Period

39.13

SUBTOTAL of Receipts This Page (optional)..... ►

94.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Pamela N Dufour

Mailing Address 1804 Aberdeen Drive

City
GlenviewState
ILZip Code
80497-1574FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President-ALL Ro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986947

Amount of Each Receipt this Period

32.31

Full Name (Last, First, Middle Initial)

B. Pamela N Dufour

Mailing Address 1804 Aberdeen Drive

City
GlenviewState
ILZip Code
80497-1574FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President-ALL Ro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170920

Amount of Each Receipt this Period

32.31

Full Name (Last, First, Middle Initial)

C. MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City
ROSCOEState
ILZip Code
81562-3606FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Project Mgmt-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986797

Amount of Each Receipt this Period

30.05

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

94.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City
ROSCOEState
ILZip Code
81562-3606FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Project Mgmt-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.99

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8		2	0	1	5		

Transaction ID : A2015-2170770

Amount of Each Receipt this Period

30.05

Full Name (Last, First, Middle Initial)

B. JEFFREY P DWYER

Mailing Address 44 CHAMPLAIN COURT

City

MANAHAWKIN

State

NJ

Zip Code

60959-7464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.31

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4		2	0	1	5		

Transaction ID : A2015-1986661

Amount of Each Receipt this Period

16.62

Full Name (Last, First, Middle Initial)

C. JEFFREY P DWYER

Mailing Address 44 CHAMPLAIN COURT

City

MANAHAWKIN

State

NJ

Zip Code

60959-7464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.93

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8		2	0	1	5		

Transaction ID : A2015-2170634

Amount of Each Receipt this Period

16.62

SUBTOTAL of Receipts This Page (optional)..... ►

63.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Thomas V Ealy

Mailing Address 2601 N. Greenview Ave.

City State Zip Code
 Chicago IL 77366-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 SVP-AB2B-President Encomp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1493.82

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986927

Amount of Each Receipt this Period

82.99

Full Name (Last, First, Middle Initial)

B. Thomas V Ealy

Mailing Address 2601 N. Greenview Ave.

City State Zip Code
 Chicago IL 77366-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 SVP-AB2B-President Encomp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.81

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170900

Amount of Each Receipt this Period

82.99

Full Name (Last, First, Middle Initial)

C. Miguel Edwards

Mailing Address 21 Seneca Ave West

City State Zip Code
 Hathorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 VP-AIA-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.26

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986937

Amount of Each Receipt this Period

46.13

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Miguel Edwards

Mailing Address 21 Seneca Ave West

City	State	Zip Code
Hathorn Woods	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AIA-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170910

Amount of Each Receipt this Period

46.13

Full Name (Last, First, Middle Initial)

B. SHARON P EDWARDS

Mailing Address 469 E. HOME AVENUE

City	State	Zip Code
PALATINE	IL	84735-9812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

INV-Financial Planning-Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986762

Amount of Each Receipt this Period

11.81

Full Name (Last, First, Middle Initial)

C. SHARON P EDWARDS

Mailing Address 469 E. HOME AVENUE

City	State	Zip Code
PALATINE	IL	84735-9812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

INV-Financial Planning-Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170735

Amount of Each Receipt this Period

11.81

SUBTOTAL of Receipts This Page (optional)..... ►

69.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City
CHICAGO

State Zip Code
IL 77323-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-FSS-Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986814

Amount of Each Receipt this Period

53.85

Full Name (Last, First, Middle Initial)

B. KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City
CHICAGO

State Zip Code
IL 77323-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-FSS-Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170787

Amount of Each Receipt this Period

53.85

Full Name (Last, First, Middle Initial)

C. JAN B EPSTEIN

Mailing Address 2975 ROSLYN LANE

City
BUFFALO GROVE

State Zip Code
IL 84791-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CR-Philanthropy-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986672

Amount of Each Receipt this Period

20.57

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.27

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAN B EPSTEIN

Mailing Address 2975 ROSLYN LANE

City

BUFFALO GROVE

State

IL

Zip Code

84791-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Philanthropy-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170645

Amount of Each Receipt this Period

20.57

Full Name (Last, First, Middle Initial)

B. MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

84735-9859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-Diversity & Org. Ef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986665

Amount of Each Receipt this Period

59.77

Full Name (Last, First, Middle Initial)

C. MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

84735-9859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-Diversity & Org. Ef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1131.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170638

Amount of Each Receipt this Period

59.77

SUBTOTAL of Receipts This Page (optional)..... ►

140.11

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Marcus W Ferguson

Mailing Address 818 S. Mitchell Ave.

City	State	Zip Code
Arlington Heights	IL	60005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986943

Amount of Each Receipt this Period

30.30

Full Name (Last, First, Middle Initial)

B. Marcus W Ferguson

Mailing Address 818 S. Mitchell Ave.

City	State	Zip Code
Arlington Heights	IL	60005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170916

Amount of Each Receipt this Period

30.30

Full Name (Last, First, Middle Initial)

C. CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City	State	Zip Code
GLENVIEW	IL	84772-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-EthicsComplPriv-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986837

Amount of Each Receipt this Period

33.32

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City
GLENVIEWState
ILZip Code
84772-4257FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-EthicsComplPriv-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170810

Amount of Each Receipt this Period

33.32

Full Name (Last, First, Middle Initial)

B. STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City
ANTIOCHState
ILZip Code
84753-0962FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strategy & Ops-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986690

Amount of Each Receipt this Period

29.03

Full Name (Last, First, Middle Initial)

C. STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City
ANTIOCHState
ILZip Code
84753-0962FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strategy & Ops-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170663

Amount of Each Receipt this Period

29.03

SUBTOTAL of Receipts This Page (optional)..... ►

91.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. James J Flynn

Mailing Address 5 Sunset Terrace

City State Zip Code
West Hartford CT 86051-9152

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986950

Amount of Each Receipt this Period

62.31

Full Name (Last, First, Middle Initial)

B. James J Flynn

Mailing Address 5 Sunset Terrace

City State Zip Code
West Hartford CT 86051-9152

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170923

Amount of Each Receipt this Period

62.31

Full Name (Last, First, Middle Initial)

C. ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City State Zip Code
LAKE FOREST IL 84748-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-L&R-Allstate Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986868

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

182.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City

LAKE FOREST

State

IL

Zip Code

84748-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Allstate Financial

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1070.19

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170841

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. SARA A FOSTER

Mailing Address 2216 BARRETT DR

City

ALGONQUIN

State

IL

Zip Code

84784-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Six Sigma-Sr Exp

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

663.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986776

Amount of Each Receipt this Period

37.32

Full Name (Last, First, Middle Initial)

C. SARA A FOSTER

Mailing Address 2216 BARRETT DR

City

ALGONQUIN

State

IL

Zip Code

84784-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Six Sigma-Sr Exp

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

701.07

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170749

Amount of Each Receipt this Period

37.32

SUBTOTAL of Receipts This Page (optional)..... ►

132.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City	State	Zip Code
DIX HILLS	NY	63124-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986663

Amount of Each Receipt this Period

28.50

Full Name (Last, First, Middle Initial)

B. VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City	State	Zip Code
DIX HILLS	NY	63124-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170636

Amount of Each Receipt this Period

28.50

Full Name (Last, First, Middle Initial)

C. ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City	State	Zip Code
CRYSTAL LAKE	IL	81547-7982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABI-Operations-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986740

Amount of Each Receipt this Period

18.32

SUBTOTAL of Receipts This Page (optional)..... ►

75.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City	State	Zip Code
CRYSTAL LAKE	IL	81547-7982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABI-Operations-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170713

Amount of Each Receipt this Period

18.32

Full Name (Last, First, Middle Initial)

B. MARY C GARDNER

Mailing Address 4506 DEER TRAIL

City	State	Zip Code
NORTHBROOK	IL	84756-4935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
L&R-EthicsComplPriv-Sr Mg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986694

Amount of Each Receipt this Period

14.22

Full Name (Last, First, Middle Initial)

C. MARY C GARDNER

Mailing Address 4506 DEER TRAIL

City	State	Zip Code
NORTHBROOK	IL	84756-4935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
L&R-EthicsComplPriv-Sr Mg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170667

Amount of Each Receipt this Period

14.22

SUBTOTAL of Receipts This Page (optional)..... ►

46.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Patricia L Garza

Mailing Address 839 Chilton Lane

City

Wilmette

State

IL

Zip Code

84742-0909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Philanthropy-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170886

Amount of Each Receipt this Period

29.00

Full Name (Last, First, Middle Initial)

B. NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City

Arlington Heights

State

IL

Zip Code

84774-9180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.14

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986782

Amount of Each Receipt this Period

42.05

Full Name (Last, First, Middle Initial)

C. NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City

Arlington Heights

State

IL

Zip Code

84774-9180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.19

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170755

Amount of Each Receipt this Period

42.05

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

113.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City	State	Zip Code
HOFFMAN ESTATES	IL	84731-0084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986870

Amount of Each Receipt this Period

34.88

Full Name (Last, First, Middle Initial)

B. BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City	State	Zip Code
HOFFMAN ESTATES	IL	84731-0084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170843

Amount of Each Receipt this Period

34.88

Full Name (Last, First, Middle Initial)

C. JOAN M GILMORE

Mailing Address 656 S BUCKINGHAM CT

City	State	Zip Code
LAKE FOREST	IL	84748-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Lit Svcs Attorney HO-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986666

Amount of Each Receipt this Period

47.01

SUBTOTAL of Receipts This Page (optional)..... ►

116.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOAN M GILMORE

Mailing Address 656 S BUCKINGHAM CT

City
LAKE FOREST

State Zip Code
IL 84748-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
L&R-Lit Svcs Attorney HO-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170639

Amount of Each Receipt this Period

47.01

Full Name (Last, First, Middle Initial)

B. WILLIAM T GOFF

Mailing Address 310 Plantation Way

City
Roswell

State Zip Code
GA 67834-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986667

Amount of Each Receipt this Period

23.94

Full Name (Last, First, Middle Initial)

C. WILLIAM T GOFF

Mailing Address 310 Plantation Way

City
Roswell

State Zip Code
GA 67834-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-ABD-Field Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170640

Amount of Each Receipt this Period

23.94

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

94.89

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 58 OF 205
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

 City State Zip Code
 HAWTHORN WOODS IL 84772-6242

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Operations-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.39

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986748

Amount of Each Receipt this Period

23.05

Full Name (Last, First, Middle Initial)

B. BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

 City State Zip Code
 HAWTHORN WOODS IL 84772-6242

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Operations-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.44

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170721

Amount of Each Receipt this Period

23.05

Full Name (Last, First, Middle Initial)

C. RICHARD M GOLICK

Mailing Address 2372 SIMPSON FARM WAY

 City State Zip Code
 SMYRNA GA 77044-4322

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.55

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986894

Amount of Each Receipt this Period

43.69

SUBTOTAL of Receipts This Page (optional)..... ►

89.79

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. RICHARD M GOLICK

Mailing Address 2372 SIMPSON FARM WAY

City
SMYRNA

State
GA

Zip Code
77044-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170867

Amount of Each Receipt this Period

43.69

Full Name (Last, First, Middle Initial)

B. ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

84739-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp/Claim Lit Attorn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986891

Amount of Each Receipt this Period

37.30

Full Name (Last, First, Middle Initial)

C. ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

84739-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp/Claim Lit Attorn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170864

Amount of Each Receipt this Period

37.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

118.29

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GEORGE F GRAWE

Mailing Address 801 N. Vail Avenue

City

Arlington Heights

State

IL

Zip Code

84774-9356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Staff & Retained

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1009.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986721

Amount of Each Receipt this Period

56.50

Full Name (Last, First, Middle Initial)

B. GEORGE F GRAWE

Mailing Address 801 N. Vail Avenue

City

Arlington Heights

State

IL

Zip Code

84774-9356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Staff & Retained

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170694

Amount of Each Receipt this Period

56.50

Full Name (Last, First, Middle Initial)

C. KELLIE H GREEN

Mailing Address 150 Meadowlark Circle

City

Lindenhurst

State

IL

Zip Code

22437-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PO-RMBC Underwriting-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986710

Amount of Each Receipt this Period

20.79

SUBTOTAL of Receipts This Page (optional)..... ►

133.79

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KELLIE H GREEN

Mailing Address 150 Meadowlark Circle

City State Zip Code
 Lindenhurst IL 22437-2706

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PO-RMBC Underwriting-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170683

Amount of Each Receipt this Period

20.79

Full Name (Last, First, Middle Initial)

B. Mark A Green

Mailing Address 1711 Wildwood Ct

City State Zip Code
 Glenview IL 91426-0865

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986919

Amount of Each Receipt this Period

68.35

Full Name (Last, First, Middle Initial)

C. Mark A Green

Mailing Address 1711 Wildwood Ct

City State Zip Code
 Glenview IL 91426-0865

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1286.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170892

Amount of Each Receipt this Period

68.35

SUBTOTAL of Receipts This Page (optional)..... ►

157.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

70838-6177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-INV-Chief Investment

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1438.29

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986729

Amount of Each Receipt this Period

80.77

Full Name (Last, First, Middle Initial)

B. JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

70838-6177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-INV-Chief Investment

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1519.06

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170702

Amount of Each Receipt this Period

80.77

Full Name (Last, First, Middle Initial)

C. M'BA G GREGOIRE

Mailing Address 35 Linden Road

City

Lake Zurich

State

IL

Zip Code

84784-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Lit Svcs Attorney HO-

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

801.41

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986895

Amount of Each Receipt this Period

45.06

SUBTOTAL of Receipts This Page (optional)..... ►

206.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. M'BA G GREGOIRE

Mailing Address 35 Linden Road

City

Lake Zurich

State

IL

Zip Code

84784-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Lit Svcs Attorney HO-

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.47

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170868

Amount of Each Receipt this Period

45.06

Full Name (Last, First, Middle Initial)

B. MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City

WESTBURY

State

NY

Zip Code

51633-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Fld SSD-Sales Ops-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.01

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986679

Amount of Each Receipt this Period

19.59

Full Name (Last, First, Middle Initial)

C. MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City

WESTBURY

State

NY

Zip Code

51633-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Fld SSD-Sales Ops-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170652

Amount of Each Receipt this Period

19.59

SUBTOTAL of Receipts This Page (optional)..... ►

84.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 64 OF 205
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GREGORY J GUIDOS

Mailing Address 6130 St. Andrews Ct.

City

Ponte Vedra Beach

State

FL

Zip Code

90489-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President Allsta

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

624.69

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986836

Amount of Each Receipt this Period

35.04

Full Name (Last, First, Middle Initial)

B. GREGORY J GUIDOS

Mailing Address 6130 St. Andrews Ct.

City

Ponte Vedra Beach

State

FL

Zip Code

90489-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AB2B-President Allsta

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

659.73

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170809

Amount of Each Receipt this Period

35.04

Full Name (Last, First, Middle Initial)

C. Sanjay Gupta

Mailing Address 1971 Farnsworth Ln

City

Northbrook

State

IL

Zip Code

84722-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-Mktg Innovation & Co

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1184.40

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986938

Amount of Each Receipt this Period

66.35

SUBTOTAL of Receipts This Page (optional)..... ►

136.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Sanjay Gupta

Mailing Address 1971 Farnsworth Ln

City State Zip Code
 Northbrook IL 84722-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company EVP-Mktg Innovation & Co

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.75

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170911

Amount of Each Receipt this Period

66.35

Full Name (Last, First, Middle Initial)

B. JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
 N. BARRINGTON IL 84727-7177

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-PO-Chief Actuary

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 200.07

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986799

Amount of Each Receipt this Period

11.17

Full Name (Last, First, Middle Initial)

C. JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
 N. BARRINGTON IL 84727-7177

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company SVP-PO-Chief Actuary

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 211.24

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170772

Amount of Each Receipt this Period

11.17

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT R HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
 CRYSTAL LAKE IL 81535-6832

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986813

Amount of Each Receipt this Period

18.54

Full Name (Last, First, Middle Initial)

B. ROBERT R HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code
 CRYSTAL LAKE IL 81535-6832

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170786

Amount of Each Receipt this Period

18.54

Full Name (Last, First, Middle Initial)

C. RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City State Zip Code
 GRAYSLAKE IL 84754-8777

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company Claims-HO Leadership-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986875

Amount of Each Receipt this Period

43.45

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.53

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City
GRAYSLAKEState Zip Code
IL 84754-8777FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Claims-HO Leadership-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170848

Amount of Each Receipt this Period

43.45

Full Name (Last, First, Middle Initial)

B. David S Harper

Mailing Address 41 Lancaster Lane

City
LincolnshireState Zip Code
IL 84760-7881FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-FSS-Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1236.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986922

Amount of Each Receipt this Period

69.22

Full Name (Last, First, Middle Initial)

c. David S Harper

Mailing Address 41 Lancaster Lane

City
LincolnshireState Zip Code
IL 84760-7881FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-FSS-Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1306.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170895

Amount of Each Receipt this Period

69.22

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

181.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Cheryl A Harris

Mailing Address 4136 Three Lakes Drive

City State Zip Code
Long Grove IL 84738-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-ABO-Sourcing & Procur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.41

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986934

Amount of Each Receipt this Period

66.12

Full Name (Last, First, Middle Initial)

B. Cheryl A Harris

Mailing Address 4136 Three Lakes Drive

City State Zip Code
Long Grove IL 84738-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-ABO-Sourcing & Procur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.53

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170907

Amount of Each Receipt this Period

66.12

Full Name (Last, First, Middle Initial)

C. Jacqueline J Hart

Mailing Address 1431 W. Walton

City State Zip Code
Chicago IL 84722-6273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CR-Strategic Bus Comm-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.78

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986912

Amount of Each Receipt this Period

19.26

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

151.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Jacqueline J Hart

Mailing Address 1431 W. Walton

City

Chicago

State

IL

Zip Code

84722-6273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Strategic Bus Comm-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

361.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170885

Amount of Each Receipt this Period

19.26

Full Name (Last, First, Middle Initial)

B. KEITH A HAUSCHILDT

Mailing Address 25 Players Club Villas Rd

City

Ponte Vedra

State

FL

Zip Code

63033-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AB2B-Allstate Benefits

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986727

Amount of Each Receipt this Period

40.21

Full Name (Last, First, Middle Initial)

C. KEITH A HAUSCHILDT

Mailing Address 25 Players Club Villas Rd

City

Ponte Vedra

State

FL

Zip Code

63033-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AB2B-Allstate Benefits

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

760.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170700

Amount of Each Receipt this Period

40.21

SUBTOTAL of Receipts This Page (optional)..... ►

99.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Troy M Hawkes

Mailing Address 210 Ivy Glen Dr.

City	State	Zip Code
Milford	MI	94757-0175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986941

Amount of Each Receipt this Period

50.77

Full Name (Last, First, Middle Initial)

B. Troy M Hawkes

Mailing Address 210 Ivy Glen Dr.

City	State	Zip Code
Milford	MI	94757-0175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170914

Amount of Each Receipt this Period

50.77

Full Name (Last, First, Middle Initial)

C. JEFFREY R HEALY

Mailing Address 7452 BERKELEY CIRCLE

City	State	Zip Code
CASTLE ROCK	CO	30381-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986683

Amount of Each Receipt this Period

17.94

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

119.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY R HEALY

Mailing Address 7452 BERKELEY CIRCLE

City

CASTLE ROCK

State

CO

Zip Code

30381-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Sales Leader

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

337.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170656

Amount of Each Receipt this Period

17.94

Full Name (Last, First, Middle Initial)

B. Jon E Hedegard

Mailing Address 1314 Rose St. NE

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

611.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986942

Amount of Each Receipt this Period

34.23

Full Name (Last, First, Middle Initial)

c. Jon E Hedegard

Mailing Address 1314 Rose St. NE

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

645.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170915

Amount of Each Receipt this Period

34.23

SUBTOTAL of Receipts This Page (optional)..... ►

86.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JASON J HEIGER

Mailing Address 990 INDIAN SPRING LANE

City State Zip Code
BUFFALO GROVE IL 84745-9941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
FSS-Audit-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986658

Amount of Each Receipt this Period

17.71

Full Name (Last, First, Middle Initial)

B. JASON J HEIGER

Mailing Address 990 INDIAN SPRING LANE

City State Zip Code
BUFFALO GROVE IL 84745-9941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
FSS-Audit-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170631

Amount of Each Receipt this Period

17.71

Full Name (Last, First, Middle Initial)

C. EYVONNA HEMPILL

Mailing Address 337 46TH AVE

City State Zip Code
BELLWOOD IL 70854-4888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
ABI-Quality & Compliance-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.41

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986754

Amount of Each Receipt this Period

17.81

SUBTOTAL of Receipts This Page (optional)..... ►

53.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 73 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. EYVONNA HEMPHILL

Mailing Address 337 46TH AVE

 City
 BELLWOOD

 State
 IL

 Zip Code
 70854-4888

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABI-Quality & Compliance-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170727

Amount of Each Receipt this Period

17.81

Full Name (Last, First, Middle Initial)

B. EDDIE H HILL

Mailing Address 8390 Burnt Chimney Road

 City
 Wirtz

 State
 VA

 Zip Code
 54052-5060

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Leader-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986706

Amount of Each Receipt this Period

17.25

Full Name (Last, First, Middle Initial)

C. EDDIE H HILL

Mailing Address 8390 Burnt Chimney Road

 City
 Wirtz

 State
 VA

 Zip Code
 54052-5060

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Leader-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170679

Amount of Each Receipt this Period

17.25

SUBTOTAL of Receipts This Page (optional)..... ►

52.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

84724-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Regional Product M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2562.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986711

Amount of Each Receipt this Period

143.89

Full Name (Last, First, Middle Initial)

B. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

84724-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Regional Product M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2706.01

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170684

Amount of Each Receipt this Period

143.89

Full Name (Last, First, Middle Initial)

C. SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City

NORTHBROOK

State

IL

Zip Code

84727-2657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Employment Attorney-E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986786

Amount of Each Receipt this Period

15.67

SUBTOTAL of Receipts This Page (optional)..... ►

303.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SHERYL L HODGES

Mailing Address 2510 OAK AVENUE

City

NORTHBROOK

State

IL

Zip Code

84727-2657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Employment Attorney-E

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

347.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170759

Amount of Each Receipt this Period

15.67

Full Name (Last, First, Middle Initial)

B. KATHLEEN K HOFFMAN

Mailing Address 796 BRYAN ST.

City

ELMHURST

State

IL

Zip Code

63061-7554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

261.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986805

Amount of Each Receipt this Period

15.47

Full Name (Last, First, Middle Initial)

C. KATHLEEN K HOFFMAN

Mailing Address 796 BRYAN ST.

City

ELMHURST

State

IL

Zip Code

63061-7554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170778

Amount of Each Receipt this Period

15.47

SUBTOTAL of Receipts This Page (optional)..... ►

46.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. FREDERICK M HORD

Mailing Address 22421 35th Drive SE

City

Bothell

State

WA

Zip Code

22467-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.27

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986734

Amount of Each Receipt this Period

20.38

Full Name (Last, First, Middle Initial)

B. FREDERICK M HORD

Mailing Address 22421 35th Drive SE

City

Bothell

State

WA

Zip Code

22467-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.65

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170707

Amount of Each Receipt this Period

20.38

Full Name (Last, First, Middle Initial)

C. SAM R HOUK

Mailing Address 1158 CIMARRON DR.

City

CARY

State

IL

Zip Code

84751-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

LPM-Fin Strategic Ops-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986757

Amount of Each Receipt this Period

32.40

SUBTOTAL of Receipts This Page (optional)..... ►

73.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SAM R HOUK

Mailing Address 1158 CIMARRON DR.

City State Zip Code
CARY IL 84751-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
LPM-Fin Strategic Ops-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.54

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170730

Amount of Each Receipt this Period

32.40

Full Name (Last, First, Middle Initial)

B. MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 84779-7966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
HR-Communications-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.87

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986853

Amount of Each Receipt this Period

21.32

Full Name (Last, First, Middle Initial)

C. MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 84779-7966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
HR-Communications-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.19

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170826

Amount of Each Receipt this Period

21.32

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City	State	Zip Code
JACKSONVILLE	FL	90423-0342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ADS-Accounting & Finance-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986702

Amount of Each Receipt this Period

23.46

Full Name (Last, First, Middle Initial)

B. MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City	State	Zip Code
JACKSONVILLE	FL	90423-0342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ADS-Accounting & Finance-

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170675

Amount of Each Receipt this Period

23.46

Full Name (Last, First, Middle Initial)

C. STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City	State	Zip Code
KILDEER	IL	84743-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Corporate Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986783

Amount of Each Receipt this Period

60.39

SUBTOTAL of Receipts This Page (optional)..... ►

107.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City
KILDEERState
ILZip Code
84743-8552FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Corporate Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1019.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170756

Amount of Each Receipt this Period

60.39

Full Name (Last, First, Middle Initial)

B. MARIANO A IMBARRATO

Mailing Address 10825 CHAUCER DRIVE

City

WILLOW SPRINGS

State

IL

Zip Code

70883-9096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Capital Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986770

Amount of Each Receipt this Period

52.29

Full Name (Last, First, Middle Initial)

C. MARIANO A IMBARRATO

Mailing Address 10825 CHAUCER DRIVE

City

WILLOW SPRINGS

State

IL

Zip Code

70883-9096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Capital Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

982.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170743

Amount of Each Receipt this Period

52.29

SUBTOTAL of Receipts This Page (optional)..... ►

164.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
 CARY IL 84746-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company PO-General Mgmt-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.18

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986760

Amount of Each Receipt this Period

32.95

Full Name (Last, First, Middle Initial)

B. LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
 CARY IL 84746-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company PO-General Mgmt-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.13

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170733

Amount of Each Receipt this Period

32.95

Full Name (Last, First, Middle Initial)

C. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 40770-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.30

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986878

Amount of Each Receipt this Period

23.85

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BOB A JACKSON

Mailing Address 226 Maison Court

City State Zip Code
 Altamonte Springs FL 40770-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170851

Amount of Each Receipt this Period

23.85

Full Name (Last, First, Middle Initial)

B. CRAIG A JAMES

Mailing Address 235 HEATHER AVE

City State Zip Code
 GRAYSLAKE IL 84722-3348

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ATO-Six Sigma-Sr Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986828

Amount of Each Receipt this Period

14.77

Full Name (Last, First, Middle Initial)

C. CRAIG A JAMES

Mailing Address 235 HEATHER AVE

City State Zip Code
 GRAYSLAKE IL 84722-3348

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ATO-Six Sigma-Sr Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170801

Amount of Each Receipt this Period

14.77

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53.39

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 82 OF 205
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES C JAMIESON

Mailing Address 935 Lancaster Rd..

City

Lake Zurich

State

IL

Zip Code

84768-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ARE-Real Estate & Constr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

764.59

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986746

Amount of Each Receipt this Period

42.99

Full Name (Last, First, Middle Initial)

B. JAMES C JAMIESON

Mailing Address 935 Lancaster Rd..

City

Lake Zurich

State

IL

Zip Code

84768-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ARE-Real Estate & Constr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

807.58

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170719

Amount of Each Receipt this Period

42.99

Full Name (Last, First, Middle Initial)

C. Jerry A Johnson

Mailing Address 5233 Tree Way Lane South

City

Jacksonville

State

FL

Zip Code

90426-8255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

328.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986932

Amount of Each Receipt this Period

18.45

SUBTOTAL of Receipts This Page (optional)..... ►

104.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 83 OF 205
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Jerry A Johnson

Mailing Address 5233 Tree Way Lane South

City

Jacksonville

State

FL

Zip Code

90426-8255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Mgr

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

347.35

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170905

Amount of Each Receipt this Period

18.45

Full Name (Last, First, Middle Initial)

B. JAMES W JONSKE

Mailing Address 1217 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

84784-2981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Standard Auto

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

339.48

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986840

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. JAMES W JONSKE

Mailing Address 1217 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

84784-2981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Standard Auto

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

358.48

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170813

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)..... ►

56.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN A KANE

Mailing Address 11 Ups N Downs Court

City	State	Zip Code
Flemington	NJ	90823-7308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986670

Amount of Each Receipt this Period

26.24

Full Name (Last, First, Middle Initial)

B. JOHN A KANE

Mailing Address 11 Ups N Downs Court

City	State	Zip Code
Flemington	NJ	90823-7308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170643

Amount of Each Receipt this Period

26.24

Full Name (Last, First, Middle Initial)

C. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City	State	Zip Code
GRAYSLAKE	IL	84722-3988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ATO-Compliance-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986846

Amount of Each Receipt this Period

19.22

SUBTOTAL of Receipts This Page (optional)..... ►

71.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City
GRAYSLAKEState Zip Code
IL 84722-3988FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ATO-Compliance-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170819

Amount of Each Receipt this Period

19.22

Full Name (Last, First, Middle Initial)

B. Wilford J Kavanaugh

Mailing Address 7 Open Parkway North

City
Hawthorn WoodsState Zip Code
IL 84755-0434FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-APL-Life Ins. & Broke

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1053.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986929

Amount of Each Receipt this Period

58.66

Full Name (Last, First, Middle Initial)

C. Wilford J Kavanaugh

Mailing Address 7 Open Parkway North

City
Hawthorn WoodsState Zip Code
IL 84755-0434FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-APL-Life Ins. & Broke

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170902

Amount of Each Receipt this Period

58.66

SUBTOTAL of Receipts This Page (optional)..... ►

136.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CRAIG A KELLER

Mailing Address 958 N DEER AVE

City

PALATINE

State

IL

Zip Code

84799-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Corporate Comm-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170881

Amount of Each Receipt this Period

29.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER R KIAH

Mailing Address 221 BRAMPTON LN

City

LAKE FOREST

State

IL

Zip Code

22454-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Portfolio Mgmt &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.69

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986655

Amount of Each Receipt this Period

59.08

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER R KIAH

Mailing Address 221 BRAMPTON LN

City

LAKE FOREST

State

IL

Zip Code

22454-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Portfolio Mgmt &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1121.77

Date of Receipt

 M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170628

Amount of Each Receipt this Period

59.08

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BARBARA L KILROY

Mailing Address 25396 W Columbia Bay Drive

City State Zip Code
 Lake Villa IL 84744-5578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PF-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.29

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986704

Amount of Each Receipt this Period

22.37

Full Name (Last, First, Middle Initial)

B. BARBARA L KILROY

Mailing Address 25396 W Columbia Bay Drive

City State Zip Code
 Lake Villa IL 84744-5578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PF-Fin Analysis-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.66

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170677

Amount of Each Receipt this Period

22.37

Full Name (Last, First, Middle Initial)

c. Stephen B King

Mailing Address 1620 Monterey

City State Zip Code
 Glenview IL 84773-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-Leadership & Talent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.77

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986917

Amount of Each Receipt this Period

31.38

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Stephen B King

Mailing Address 1620 Monterey

City State Zip Code
 Glenview IL 84773-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 594.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170890

Amount of Each Receipt this Period

31.38

Full Name (Last, First, Middle Initial)

B. Brian D Klemstein

Mailing Address 608 Haddon Circle

City State Zip Code
 Vernon Hills IL 22451-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company INV-AFCO-Sr Mgr

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 297.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986911

Amount of Each Receipt this Period

16.66

Full Name (Last, First, Middle Initial)

C. Brian D Klemstein

Mailing Address 608 Haddon Circle

City State Zip Code
 Vernon Hills IL 22451-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company INV-AFCO-Sr Mgr

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 314.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170884

Amount of Each Receipt this Period

16.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN T KLODZINSKI

Mailing Address 18699 W. State Line Road

City

Antioch

State

IL

Zip Code

70358-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PF-Fin Analysis-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

257.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986796

Amount of Each Receipt this Period

14.43

Full Name (Last, First, Middle Initial)

B. STEVEN T KLODZINSKI

Mailing Address 18699 W. State Line Road

City

Antioch

State

IL

Zip Code

70358-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PF-Fin Analysis-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

271.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170769

Amount of Each Receipt this Period

14.43

Full Name (Last, First, Middle Initial)

C. TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City

LEBANON

State

PA

Zip Code

71727-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

419.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986695

Amount of Each Receipt this Period

23.47

SUBTOTAL of Receipts This Page (optional)..... ►

52.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City
LEBANONState
PAZip Code
71727-4671FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170668

Amount of Each Receipt this Period

23.47

Full Name (Last, First, Middle Initial)

B. JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

84748-0110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986873

Amount of Each Receipt this Period

40.14

Full Name (Last, First, Middle Initial)

C. JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

84748-0110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170846

Amount of Each Receipt this Period

40.14

SUBTOTAL of Receipts This Page (optional)..... ►

103.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAIKRISHNA KUCHIMANCHI

Mailing Address 4513 Jenna Rd

City

Glenview

State

IL

Zip Code

84754-8321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

685.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986817

Amount of Each Receipt this Period

38.54

Full Name (Last, First, Middle Initial)

B. JAIKRISHNA KUCHIMANCHI

Mailing Address 4513 Jenna Rd

City

Glenview

State

IL

Zip Code

84754-8321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

724.02

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170790

Amount of Each Receipt this Period

38.54

Full Name (Last, First, Middle Initial)

C. J Wayne W KULLMAN

Mailing Address 2005 Henley St.

City

GLENVIEW

State

IL

Zip Code

84772-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-APL-Strategic Design

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

451.17

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986717

Amount of Each Receipt this Period

25.22

SUBTOTAL of Receipts This Page (optional)..... ►

102.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. J Wayne W KULLMAN

Mailing Address 2005 Henley St.

City
GLENVIEWState Zip Code
IL 84772-9503FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP-APL-Strategic Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170690

Amount of Each Receipt this Period

25.22

Full Name (Last, First, Middle Initial)

B. JEFFREY F LEASENDALE

Mailing Address 422 RIDGECREST RD NE

City
ATLANTAState Zip Code
GA 40437-3622FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
L&R-Lit Svcs Attorney-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986688

Amount of Each Receipt this Period

16.98

Full Name (Last, First, Middle Initial)

C. JEFFREY F LEASENDALE

Mailing Address 422 RIDGECREST RD NE

City
ATLANTAState Zip Code
GA 40437-3622FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
L&R-Lit Svcs Attorney-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170661

Amount of Each Receipt this Period

16.98

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

59.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SUSAN L LEES

Mailing Address 1950 Merritt Lane

City	State	Zip Code
Lake Forest	IL	84794-5181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-L&R-Gen'l Counsel & C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986653

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

B. SUSAN L LEES

Mailing Address 1950 Merritt Lane

City	State	Zip Code
Lake Forest	IL	84794-5181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-L&R-Gen'l Counsel & C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2166.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170626

Amount of Each Receipt this Period

115.38

Full Name (Last, First, Middle Initial)

C. CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City	State	Zip Code
HOT SPRINGS	AR	50176-7071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986860

Amount of Each Receipt this Period

13.89

SUBTOTAL of Receipts This Page (optional)..... ►

244.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CHARLES M LITTLE

Mailing Address 20 STONEGATE POINT

City
HOT SPRINGS

State Zip Code
AR 50176-7071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.91

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170833

Amount of Each Receipt this Period

13.89

Full Name (Last, First, Middle Initial)

B. Peter G Logothetis

Mailing Address 2326 Indian Ridge Drive

City
Glenview

State Zip Code
IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-ATSV-Bus Prtn-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1143.22

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986930

Amount of Each Receipt this Period

63.67

Full Name (Last, First, Middle Initial)

C. Peter G Logothetis

Mailing Address 2326 Indian Ridge Drive

City
Glenview

State Zip Code
IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-ATSV-Bus Prtn-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.89

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170903

Amount of Each Receipt this Period

63.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANGELA M Lovest

Mailing Address 29 Tullach Place

City State Zip Code
 Stonebrae CA 84745-2303

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strategy & Ops-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986697

Amount of Each Receipt this Period

29.65

Full Name (Last, First, Middle Initial)

B. ANGELA M Lovest

Mailing Address 29 Tullach Place

City State Zip Code
 Stonebrae CA 84745-2303

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strategy & Ops-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170670

Amount of Each Receipt this Period

29.65

Full Name (Last, First, Middle Initial)

C. RHONDA J LOWE

Mailing Address 2501 Catocin Court Unit 3A

City State Zip Code
 Frederick MD 30166-8803

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986829

Amount of Each Receipt this Period

16.32

SUBTOTAL of Receipts This Page (optional)..... ►

75.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. RHONDA J LOWE

Mailing Address 2501 Catocin Court Unit 3A

City State Zip Code
 Frederick MD 30166-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 307.15

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170802

Amount of Each Receipt this Period

16.32

Full Name (Last, First, Middle Initial)

B. GREGORY J LUCETT

Mailing Address P.O. BOX 9242

City State Zip Code
 GLENDALE CA 62691-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 695.34

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986893

Amount of Each Receipt this Period

39.05

Full Name (Last, First, Middle Initial)

C. GREGORY J LUCETT

Mailing Address P.O. BOX 9242

City State Zip Code
 GLENDALE CA 62691-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 734.39

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170866

Amount of Each Receipt this Period

39.05

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

94.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City
SCHAUMBURGState Zip Code
IL 84789-1068FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SPS-Strategic Alliance-Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986795

Amount of Each Receipt this Period

23.39

Full Name (Last, First, Middle Initial)

B. COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City
SCHAUMBURGState Zip Code
IL 84789-1068FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SPS-Strategic Alliance-Di

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170768

Amount of Each Receipt this Period

23.39

Full Name (Last, First, Middle Initial)

C. BENJAMIN E LUMICAO

Mailing Address 9655 Woods Drive Unit 708

City
SkokieState Zip Code
IL 31260-8439FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986807

Amount of Each Receipt this Period

36.23

SUBTOTAL of Receipts This Page (optional)..... ►

83.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BENJAMIN E LUMICAO

Mailing Address 9655 Woods Drive Unit 708

City	State	Zip Code
Skokie	IL	31260-8439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170780

Amount of Each Receipt this Period

36.23

Full Name (Last, First, Middle Initial)

B. Katherine A Mabe

Mailing Address 2750 Commons Drive

City	State	Zip Code
Glenview	IL	61421-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-AB2B-President Busine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2092.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986928

Amount of Each Receipt this Period

117.69

Full Name (Last, First, Middle Initial)

C. Katherine A Mabe

Mailing Address 2750 Commons Drive

City	State	Zip Code
Glenview	IL	61421-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-AB2B-President Busine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170901

Amount of Each Receipt this Period

117.69

SUBTOTAL of Receipts This Page (optional)..... ►

271.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 99 OF 205
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City

CASTLE ROCK

State

CO

Zip Code

72073-3277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

412.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986852

Amount of Each Receipt this Period

22.90

Full Name (Last, First, Middle Initial)

B. DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City

CASTLE ROCK

State

CO

Zip Code

72073-3277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

435.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170825

Amount of Each Receipt this Period

22.90

Full Name (Last, First, Middle Initial)

C. KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City

MUNDELEIN

State

IL

Zip Code

84783-7965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-INV-Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

451.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986753

Amount of Each Receipt this Period

25.31

SUBTOTAL of Receipts This Page (optional)..... ▶

71.11

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City

MUNDELEIN

State

IL

Zip Code

84783-7965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-INV-Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

477.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170726

Amount of Each Receipt this Period

25.31

Full Name (Last, First, Middle Initial)

B. Rhonda J Masser

Mailing Address 4807 Wildwood Dr

City

McHenry

State

IL

Zip Code

22435-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Client Partnership-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

761.71

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986736

Amount of Each Receipt this Period

42.63

Full Name (Last, First, Middle Initial)

C. Rhonda J Masser

Mailing Address 4807 Wildwood Dr

City

McHenry

State

IL

Zip Code

22435-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Client Partnership-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

804.34

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170709

Amount of Each Receipt this Period

42.63

SUBTOTAL of Receipts This Page (optional)..... ►

110.57

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
LAKE BLUFF IL 84729-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
417.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986808

Amount of Each Receipt this Period

23.27

Full Name (Last, First, Middle Initial)

B. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City State Zip Code
LAKE BLUFF IL 84729-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
440.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170781

Amount of Each Receipt this Period

23.27

Full Name (Last, First, Middle Initial)

C. JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 84755-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company L&R-Ins Ops Attorney-Top

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
771.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986767

Amount of Each Receipt this Period

42.94

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 84755-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company L&R-Ins Ops Attorney-Top

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170740

Amount of Each Receipt this Period

42.94

Full Name (Last, First, Middle Initial)

B. LINDA H MCCLELLAN

Mailing Address 5561 Hilltop Lane

City State Zip Code
Libertyville IL 84781-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company Claims-Field Leadership R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986864

Amount of Each Receipt this Period

16.84

Full Name (Last, First, Middle Initial)

C. LINDA H MCCLELLAN

Mailing Address 5561 Hilltop Lane

City State Zip Code
Libertyville IL 84781-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company Claims-Field Leadership R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170837

Amount of Each Receipt this Period

16.84

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SCOTT A MCCONNELL

Mailing Address 21722 N TIMBER RIDGE CT

City

KILDEER

State

IL

Zip Code

84743-8212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

INV-Manager-Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986733

Amount of Each Receipt this Period

20.92

Full Name (Last, First, Middle Initial)

B. SCOTT A MCCONNELL

Mailing Address 21722 N TIMBER RIDGE CT

City

KILDEER

State

IL

Zip Code

84743-8212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

INV-Manager-Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170706

Amount of Each Receipt this Period

20.92

Full Name (Last, First, Middle Initial)

C. THOMAS R MCDONNELL

Mailing Address 1519 Lincoln Street

City

EVANSTON

State

IL

Zip Code

84742-5395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Property & Casualty

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986851

Amount of Each Receipt this Period

57.51

SUBTOTAL of Receipts This Page (optional)..... ►

99.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS R MCDONNELL

Mailing Address 1519 Lincoln Street

City

EVANSTON

State

IL

Zip Code

84742-5395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Property & Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170824

Amount of Each Receipt this Period

57.51

Full Name (Last, First, Middle Initial)

B. LEE L McElroy

Mailing Address 7808 ROYAL SYDNEY DR

City

GAINESVILLE

State

VA

Zip Code

67864-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Financial Sa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986887

Amount of Each Receipt this Period

18.50

Full Name (Last, First, Middle Initial)

C. LEE L McElroy

Mailing Address 7808 ROYAL SYDNEY DR

City

GAINESVILLE

State

VA

Zip Code

67864-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Financial Sa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170860

Amount of Each Receipt this Period

18.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

94.51

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PETER A MCELVAIN

Mailing Address 587 RIFORD ROAD

City

GLEN ELLYN

State

IL

Zip Code

63054-5148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986781

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. PETER A MCELVAIN

Mailing Address 587 RIFORD ROAD

City

GLEN ELLYN

State

IL

Zip Code

63054-5148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170754

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

C. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

84785-5784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CLAIMS-Centralized Se

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.89

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986881

Amount of Each Receipt this Period

33.48

SUBTOTAL of Receipts This Page (optional)..... ►

124.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City
GURNEE

State
IL

Zip Code
84785-5784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CLAIMS-Centralized Se

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.37

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170854

Amount of Each Receipt this Period

33.48

Full Name (Last, First, Middle Initial)

B. EVA M MCINTEE

Mailing Address 4109 W Bath Road

City
Akron

State
OH

Zip Code
23446-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.51

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986880

Amount of Each Receipt this Period

46.81

Full Name (Last, First, Middle Initial)

C. EVA M MCINTEE

Mailing Address 4109 W Bath Road

City
Akron

State
OH

Zip Code
23446-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.32

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170853

Amount of Each Receipt this Period

46.81

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY J MCRAE

Mailing Address 25365 N. Northbridge RD

City State Zip Code
Hawthorn Woods IL 84740-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company SVP-ATSV-Technology Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 04 2015

Transaction ID : A2015-1986725

Amount of Each Receipt this Period

30.51

Full Name (Last, First, Middle Initial)

B. JEFFREY J MCRAE

Mailing Address 25365 N. Northbridge RD

City State Zip Code
Hawthorn Woods IL 84740-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company SVP-ATSV-Technology Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 18 2015

Transaction ID : A2015-2170698

Amount of Each Receipt this Period

30.51

Full Name (Last, First, Middle Initial)

C. Jesse E Merten

Mailing Address 76 Logan Loop

City State Zip Code
Highland Park IL 41469-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company SVP-FSS-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1294.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 04 2015

Transaction ID : A2015-1986931

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.02

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Jesse E Merten

Mailing Address 76 Logan Loop

City

Highland Park

State

IL

Zip Code

41469-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Treasurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1366.89

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170904

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

B. HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City

PROSPECT HTS

State

IL

Zip Code

84734-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Fld SSD-Sales Ops-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

335.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986789

Amount of Each Receipt this Period

19.92

Full Name (Last, First, Middle Initial)

C. HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City

PROSPECT HTS

State

IL

Zip Code

84734-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Fld SSD-Sales Ops-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

355.52

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170762

Amount of Each Receipt this Period

19.92

SUBTOTAL of Receipts This Page (optional)..... ►

111.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN W MICHELI

Mailing Address 2245 Hazeltine Drive

City

Vernon Hills

State

IL

Zip Code

84791-5524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Enterprise Servic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986673

Amount of Each Receipt this Period

22.14

Full Name (Last, First, Middle Initial)

B. JOHN W MICHELI

Mailing Address 2245 Hazeltine Drive

City

Vernon Hills

State

IL

Zip Code

84791-5524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Enterprise Servic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170646

Amount of Each Receipt this Period

22.14

Full Name (Last, First, Middle Initial)

C. FREDERICK J MILLER

Mailing Address 16343 Smith Mountain Lake Parkway

City

Huddleston

State

VA

Zip Code

54029-7442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Territory Sales Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986732

Amount of Each Receipt this Period

35.46

SUBTOTAL of Receipts This Page (optional)..... ►

79.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. FREDERICK J MILLER

Mailing Address 16343 Smith Mountain Lake Parkway

City	State	Zip Code
Huddleston	VA	54029-7442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABD-Territory Sales Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170705

Amount of Each Receipt this Period

35.46

Full Name (Last, First, Middle Initial)

B. STEVEN M MILLER

Mailing Address 436 N. Harrison St

City	State	Zip Code
ALGONQUIN	IL	60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP-AF-Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986832

Amount of Each Receipt this Period

26.16

Full Name (Last, First, Middle Initial)

C. STEVEN M MILLER

Mailing Address 436 N. Harrison St

City	State	Zip Code
ALGONQUIN	IL	60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
VP-AF-Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170805

Amount of Each Receipt this Period

26.16

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. AMY B MILLS

Mailing Address 1145 Norman Lane

City

Deerfield

State

IL

Zip Code

84760-7880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-HR Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.52

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986899

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

B. AMY B MILLS

Mailing Address 1145 Norman Lane

City

Deerfield

State

IL

Zip Code

84760-7880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-HR Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.60

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170872

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

C. ALLISON MISQUEZ

Mailing Address 578 Patriot Court

City

Gurnee

State

IL

Zip Code

84754-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.43

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986885

Amount of Each Receipt this Period

15.21

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALLISON MISQUEZ

Mailing Address 578 Patriot Court

City	State	Zip Code
Gurnee	IL	84754-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170858

Amount of Each Receipt this Period

15.21

Full Name (Last, First, Middle Initial)

B. AMBER L MITCHELL

Mailing Address 922 Cleveland Ave

City	State	Zip Code
Park Ridge	IL	77323-0716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986907

Amount of Each Receipt this Period

13.44

Full Name (Last, First, Middle Initial)

C. AMBER L MITCHELL

Mailing Address 922 Cleveland Ave

City	State	Zip Code
Park Ridge	IL	77323-0716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Investment Attorney-S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170880

Amount of Each Receipt this Period

13.44

SUBTOTAL of Receipts This Page (optional)..... ►

42.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALLISON L MOE

Mailing Address 215 Brampton Lane

City

Lake Forest

State

IL

Zip Code

84723-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.74

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986769

Amount of Each Receipt this Period

31.67

Full Name (Last, First, Middle Initial)

B. ALLISON L MOE

Mailing Address 215 Brampton Lane

City

Lake Forest

State

IL

Zip Code

84723-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.41

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170742

Amount of Each Receipt this Period

31.67

Full Name (Last, First, Middle Initial)

C. JAMES R MOSELEY

Mailing Address 1709 Montclair Blvd

City

Brentwood

State

TN

Zip Code

61537-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Client Partner Field B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986714

Amount of Each Receipt this Period

17.67

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

81.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES R MOSELEY

Mailing Address 1709 Montclair Blvd

City

Brentwood

State

TN

Zip Code

61537-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

HR-Client Partner Field B

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170687

Amount of Each Receipt this Period

17.67

Full Name (Last, First, Middle Initial)

B. DAVID J MUELLER

Mailing Address 642 Maple Lane

City

Batavia

State

IL

Zip Code

63040-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

246.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986773

Amount of Each Receipt this Period

16.15

Full Name (Last, First, Middle Initial)

C. DAVID J MUELLER

Mailing Address 642 Maple Lane

City

Batavia

State

IL

Zip Code

63040-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

262.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170746

Amount of Each Receipt this Period

16.15

SUBTOTAL of Receipts This Page (optional)..... ►

49.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 115 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

84727-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-State Filings-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

755.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986707

Amount of Each Receipt this Period

42.47

Full Name (Last, First, Middle Initial)

B. MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

84727-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-State Filings-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

797.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170680

Amount of Each Receipt this Period

42.47

Full Name (Last, First, Middle Initial)

C. MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

84727-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp/Claim Lit Attorn

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

819.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986750

Amount of Each Receipt this Period

45.77

SUBTOTAL of Receipts This Page (optional)..... ►

130.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

84727-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp/Claim Lit Attorn

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170723

Amount of Each Receipt this Period

45.77

Full Name (Last, First, Middle Initial)

B. JAMES E MURRAY

Mailing Address 23665 N. HILLFARM RD

City

LAKE BARRINGTON

State

IL

Zip Code

84738-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Claims Executiv

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

838.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986652

Amount of Each Receipt this Period

56.07

Full Name (Last, First, Middle Initial)

C. JAMES E MURRAY

Mailing Address 23665 N. HILLFARM RD

City

LAKE BARRINGTON

State

IL

Zip Code

84738-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Claims Executiv

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

894.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170625

Amount of Each Receipt this Period

56.07

SUBTOTAL of Receipts This Page (optional)..... ►

157.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DON J MYKETIAK

Mailing Address 28W770 HAWTHORNE LANE

City	State	Zip Code
WEST CHICAGO	IL	63023-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Accounting-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986788

Amount of Each Receipt this Period

16.14

Full Name (Last, First, Middle Initial)

B. DON J MYKETIAK

Mailing Address 28W770 HAWTHORNE LANE

City	State	Zip Code
WEST CHICAGO	IL	63023-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Accounting-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170761

Amount of Each Receipt this Period

16.14

Full Name (Last, First, Middle Initial)

C. DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City	State	Zip Code
NORTHBROOK	IL	84727-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Protection Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986824

Amount of Each Receipt this Period

69.06

SUBTOTAL of Receipts This Page (optional)..... ►

101.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City
NORTHBROOK

State Zip Code
IL 84727-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-L&R-Protection Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1301.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170797

Amount of Each Receipt this Period

69.06

Full Name (Last, First, Middle Initial)

B. DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City
LAKE BARRINGTON

State Zip Code
IL 84738-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-ATSV-Bus Prtn-Busines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

899.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986743

Amount of Each Receipt this Period

74.95

Full Name (Last, First, Middle Initial)

C. DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City
LAKE BARRINGTON

State Zip Code
IL 84738-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP-ATSV-Bus Prtn-Busines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170716

Amount of Each Receipt this Period

74.95

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

218.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Stephanie D Neely

Mailing Address 1140 E 44th St.

City	State	Zip Code
Chicago	IL	77337-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-FSS-Assistant Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986948

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

B. Stephanie D Neely

Mailing Address 1140 E 44th St.

City	State	Zip Code
Chicago	IL	77337-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-FSS-Assistant Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170921

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

C. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City	State	Zip Code
DEER PARK	IL	84730-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Enterprise Busine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986867

Amount of Each Receipt this Period

65.32

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

111.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

84730-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Enterprise Busine

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1235.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170840

Amount of Each Receipt this Period

65.32

Full Name (Last, First, Middle Initial)

B. RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City

LAKE ZURICH

State

IL

Zip Code

84754-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

402.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986737

Amount of Each Receipt this Period

22.47

Full Name (Last, First, Middle Initial)

C. RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City

LAKE ZURICH

State

IL

Zip Code

84754-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

424.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170710

Amount of Each Receipt this Period

22.47

SUBTOTAL of Receipts This Page (optional)..... ►

110.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BRIAN G O'SULLIVAN

Mailing Address 1609 ONEIDA COURT

City

MT PROSPECT

State

IL

Zip Code

84721-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.55

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986810

Amount of Each Receipt this Period

11.77

Full Name (Last, First, Middle Initial)

B. BRIAN G O'SULLIVAN

Mailing Address 1609 ONEIDA COURT

City

MT PROSPECT

State

IL

Zip Code

84721-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.32

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170783

Amount of Each Receipt this Period

11.77

Full Name (Last, First, Middle Initial)

C. MICHAEL C OCONNOR

Mailing Address 1231 Isabella Street

City

Evanston

State

IL

Zip Code

84786-6776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Mktg-Regional HO-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.10

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986752

Amount of Each Receipt this Period

16.63

SUBTOTAL of Receipts This Page (optional)..... ►

40.17

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL C OCONNOR

Mailing Address 1231 Isabella Street

City

Evanston

State

IL

Zip Code

84786-6776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Mktg-Regional HO-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

312.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170725

Amount of Each Receipt this Period

16.63

Full Name (Last, First, Middle Initial)

B. KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City

DEERFIELD

State

IL

Zip Code

84731-7927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Top

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

756.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986728

Amount of Each Receipt this Period

42.23

Full Name (Last, First, Middle Initial)

C. KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City

DEERFIELD

State

IL

Zip Code

84731-7927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Top

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

799.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170701

Amount of Each Receipt this Period

42.23

SUBTOTAL of Receipts This Page (optional)..... ►

101.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PAMELA J OVERTON

Mailing Address 1677 Lee Road

City

Clearwater

State

FL

Zip Code

72747-5924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership F

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

940.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986724

Amount of Each Receipt this Period

52.66

Full Name (Last, First, Middle Initial)

B. PAMELA J OVERTON

Mailing Address 1677 Lee Road

City

Clearwater

State

FL

Zip Code

72747-5924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership F

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

993.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170697

Amount of Each Receipt this Period

52.66

Full Name (Last, First, Middle Initial)

C. LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City

GLENVIEW

State

IL

Zip Code

84772-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Homeowners

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

851.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986819

Amount of Each Receipt this Period

47.67

SUBTOTAL of Receipts This Page (optional)..... ►

152.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 124 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City
GLENVIEWState
ILZip Code
84772-4411FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PO-Homeowners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

899.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170792

Amount of Each Receipt this Period

47.67

Full Name (Last, First, Middle Initial)

B. Opal G Perry

Mailing Address 2775 N. Sanders Rd.

City
NorthbrookState
ILZip Code
51061-2250FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ATSV-International COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986936

Amount of Each Receipt this Period

48.61

Full Name (Last, First, Middle Initial)

c. Opal G Perry

Mailing Address 2775 N. Sanders Rd.

City
NorthbrookState
ILZip Code
51061-2250FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ATSV-International COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170909

Amount of Each Receipt this Period

48.61

SUBTOTAL of Receipts This Page (optional)..... ►

144.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City
NAPERVILLEState
ILZip Code
63092-2936FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986902

Amount of Each Receipt this Period

36.35

Full Name (Last, First, Middle Initial)

B. THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City
NAPERVILLEState
ILZip Code
63092-2936FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170875

Amount of Each Receipt this Period

36.35

Full Name (Last, First, Middle Initial)

C. STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City
MUNDELEINState
ILZip Code
84794-9708FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Property & Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986676

Amount of Each Receipt this Period

57.49

SUBTOTAL of Receipts This Page (optional)..... ►

130.19

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City
MUNDELEINState
ILZip Code
84794-9708FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Property & Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : A2015-2170649

Amount of Each Receipt this Period

57.49

Full Name (Last, First, Middle Initial)

B. NANCY W PHILLIPS

Mailing Address 102 RIVER OAKS RD

City
BRENTWOODState
TNZip Code
61530-9978FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Lit Svcs Attorney-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		04		2015

Transaction ID : A2015-1986723

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

C. NANCY W PHILLIPS

Mailing Address 102 RIVER OAKS RD

City
BRENTWOODState
TNZip Code
61530-9978FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Lit Svcs Attorney-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

Transaction ID : A2015-2170696

Amount of Each Receipt this Period

34.76

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

127.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN C PINTOZZI

Mailing Address 2114 W Cortland ST

City
CHICAGOState
ILZip Code
77332-8716FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-INV-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986742

Amount of Each Receipt this Period

41.84

Full Name (Last, First, Middle Initial)

B. JOHN C PINTOZZI

Mailing Address 2114 W Cortland ST

City
CHICAGOState
ILZip Code
77332-8716FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-INV-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170715

Amount of Each Receipt this Period

41.84

Full Name (Last, First, Middle Initial)

C. RICHARD E PORTER

Mailing Address 20827 36TH PL W

City
LYNNWOODState
WAZip Code
42577-8712FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Adj TPLC Rep-Sr Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986882

Amount of Each Receipt this Period

11.41

SUBTOTAL of Receipts This Page (optional)..... ►

95.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. RICHARD E PORTER

Mailing Address 20827 36TH PL W

City
LYNNWOODState
WAZip Code
42577-8712FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Adj TPLC Rep-Sr Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	5		

Transaction ID : A2015-2170855

Amount of Each Receipt this Period

11.41

Full Name (Last, First, Middle Initial)

B. BRIAN M POZZI

Mailing Address 12 Shenandoah Lane

City
Hawthorn WoodsState
ILZip Code
84756-6094FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strategy & Ops-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	4		2	0	1	5		

Transaction ID : A2015-1986654

Amount of Each Receipt this Period

21.02

Full Name (Last, First, Middle Initial)

C. BRIAN M POZZI

Mailing Address 12 Shenandoah Lane

City
Hawthorn WoodsState
ILZip Code
84756-6094FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strategy & Ops-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	5		

Transaction ID : A2015-2170627

Amount of Each Receipt this Period

21.02

SUBTOTAL of Receipts This Page (optional)..... ►

53.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID J PRENDERGAST

Mailing Address 8262 Arrowleaf Turn

City State Zip Code
 Gainesville VA 70375-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company EVP-ABD-Pres. Eastern Ter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1517.85

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986671

Amount of Each Receipt this Period

84.74

Full Name (Last, First, Middle Initial)

B. DAVID J PRENDERGAST

Mailing Address 8262 Arrowleaf Turn

City State Zip Code
 Gainesville VA 70375-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company EVP-ABD-Pres. Eastern Ter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1602.59

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170644

Amount of Each Receipt this Period

84.74

Full Name (Last, First, Middle Initial)

C. THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
 DEER PARK IL 84730-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company PF-Agent Comp-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.76

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986821

Amount of Each Receipt this Period

27.99

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

197.47

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City

DEER PARK

State

IL

Zip Code

84730-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PF-Agent Comp-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170794

Amount of Each Receipt this Period

27.99

Full Name (Last, First, Middle Initial)

B. MARY JO J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City

ARLINGTON HEIGH

State

IL

Zip Code

84748-3954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Investment Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986844

Amount of Each Receipt this Period

49.64

Full Name (Last, First, Middle Initial)

C. MARY JO J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City

ARLINGTON HEIGH

State

IL

Zip Code

84748-3954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Investment Law

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170817

Amount of Each Receipt this Period

49.64

SUBTOTAL of Receipts This Page (optional)..... ►

127.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 131 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

70842-4395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Financial O

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1176.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986772

Amount of Each Receipt this Period

66.60

Full Name (Last, First, Middle Initial)

B. MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

70842-4395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Financial O

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1243.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170745

Amount of Each Receipt this Period

66.60

Full Name (Last, First, Middle Initial)

C. Kendra L Roberts

Mailing Address One North O'Plaine Road #7894

City

Gurnee

State

IL

Zip Code

84733-6559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Exp

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

368.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986916

Amount of Each Receipt this Period

23.13

SUBTOTAL of Receipts This Page (optional)..... ►

156.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Kendra L Roberts

Mailing Address One North O'Plaine Road #7894

City	State	Zip Code
Gurnee	IL	84733-6559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170889

Amount of Each Receipt this Period

23.13

Full Name (Last, First, Middle Initial)

B. ROGER S ROBINSON

Mailing Address 535 6th Street North

City	State	Zip Code
St. Petersburg	FL	77037-5032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Regional Bus Comm-Sr M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986718

Amount of Each Receipt this Period

28.22

Full Name (Last, First, Middle Initial)

C. ROGER S ROBINSON

Mailing Address 535 6th Street North

City	State	Zip Code
St. Petersburg	FL	77037-5032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Regional Bus Comm-Sr M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170691

Amount of Each Receipt this Period

28.22

SUBTOTAL of Receipts This Page (optional)..... ►

79.57

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GREGORY C ROHLFING

Mailing Address 1615 N 78th Ct

City

Elmwood Park

State

IL

Zip Code

70839-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp/Claim Lit Attorn

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

837.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986739

Amount of Each Receipt this Period

46.90

Full Name (Last, First, Middle Initial)

B. GREGORY C ROHLFING

Mailing Address 1615 N 78th Ct

City

Elmwood Park

State

IL

Zip Code

70839-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp/Claim Lit Attorn

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

883.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170712

Amount of Each Receipt this Period

46.90

Full Name (Last, First, Middle Initial)

C. JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City

DOWNERS GROVE

State

IL

Zip Code

63071-9915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

791.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986802

Amount of Each Receipt this Period

43.97

SUBTOTAL of Receipts This Page (optional)..... ►

137.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City
DOWNERS GROVEState Zip Code
IL 63071-9915FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ATO-Manager-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170775

Amount of Each Receipt this Period

43.97

Full Name (Last, First, Middle Initial)

B. DONALD L RUDD

Mailing Address 25 CRESTVIEW TERRACE

City
BUFFALO GROVEState Zip Code
IL 84754-1833FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ATO-Manager-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986872

Amount of Each Receipt this Period

15.06

Full Name (Last, First, Middle Initial)

C. DONALD L RUDD

Mailing Address 25 CRESTVIEW TERRACE

City
BUFFALO GROVEState Zip Code
IL 84754-1833FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ATO-Manager-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170845

Amount of Each Receipt this Period

15.06

SUBTOTAL of Receipts This Page (optional)..... ►

74.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CASSANDRA C RUSSELL

Mailing Address 2579 E Kaibab PI

City

State

Zip Code

Chandler

AZ

48065-9672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986857

Amount of Each Receipt this Period

19.68

Full Name (Last, First, Middle Initial)

B. CASSANDRA C RUSSELL

Mailing Address 2579 E Kaibab PI

City

State

Zip Code

Chandler

AZ

48065-9672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership-D

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

370.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170830

Amount of Each Receipt this Period

19.68

Full Name (Last, First, Middle Initial)

C. PAUL R RYSKE

Mailing Address 898 LONGWOOD DR.

City

State

Zip Code

LAKE FOREST

IL

84748-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Spcl Ops Attorney-Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

837.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986738

Amount of Each Receipt this Period

46.73

SUBTOTAL of Receipts This Page (optional)..... ►

86.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PAUL R RYSKE

Mailing Address 898 LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

84748-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Spcl Ops Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170711

Amount of Each Receipt this Period

46.73

Full Name (Last, First, Middle Initial)

B. Donald D Sands

Mailing Address 321 North Brainard Avenue

City

Lagrange Park

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-APL-Strategic Dist. Bu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986923

Amount of Each Receipt this Period

59.08

Full Name (Last, First, Middle Initial)

C. Donald D Sands

Mailing Address 321 North Brainard Avenue

City

Lagrange Park

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-APL-Strategic Dist. Bu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1121.36

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170896

Amount of Each Receipt this Period

59.08

SUBTOTAL of Receipts This Page (optional)..... ►

164.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City
LISLEState
ILZip Code
63035-7675FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ARE-Environmental Sci-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4		2	0	1	5		

Transaction ID : A2015-1986838

Amount of Each Receipt this Period

16.20

Full Name (Last, First, Middle Initial)

B. PATRICK J SARB

Mailing Address 4517 WAUBANSIE LANE

City
LISLEState
ILZip Code
63035-7675FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ARE-Environmental Sci-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8		2	0	1	5		

Transaction ID : A2015-2170811

Amount of Each Receipt this Period

16.20

Full Name (Last, First, Middle Initial)

C. KAREN M SCHECHT

Mailing Address 754 Pinellas Bayway S

City
Tierra VerdeState
FLZip Code
63081-5107FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Encompass Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.85

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4		2	0	1	5		

Transaction ID : A2015-1986774

Amount of Each Receipt this Period

17.87

SUBTOTAL of Receipts This Page (optional)..... ►

50.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KAREN M SCHECHT

Mailing Address 754 Pinellas Bayway S

City

Tierra Verde

State

FL

Zip Code

63081-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CLAIMS-Encompass Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170747

Amount of Each Receipt this Period

17.87

Full Name (Last, First, Middle Initial)

B. STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

84772-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-HR Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1094.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986693

Amount of Each Receipt this Period

61.04

Full Name (Last, First, Middle Initial)

C. STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

84772-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-HR Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170666

Amount of Each Receipt this Period

61.04

SUBTOTAL of Receipts This Page (optional)..... ►

139.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City

Flemington

State

NJ

Zip Code

90875-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986871

Amount of Each Receipt this Period

22.53

Full Name (Last, First, Middle Initial)

B. DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City

Flemington

State

NJ

Zip Code

90875-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170844

Amount of Each Receipt this Period

22.53

Full Name (Last, First, Middle Initial)

C. Shayna M Schulz

Mailing Address 439 Orchard Lane

City

Highland Park

State

IL

Zip Code

84774-8807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABO-Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986924

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)..... ►

62.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Shayna M Schulz

Mailing Address 439 Orchard Lane

City

Highland Park

State

IL

Zip Code

84774-8807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABO-Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170897

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

B. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City

CHICAGO

State

IL

Zip Code

77376-3593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Internal Auditing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986771

Amount of Each Receipt this Period

58.38

Full Name (Last, First, Middle Initial)

C. PAUL SCHUTT

Mailing Address 6323 N. NORMANDY

City

CHICAGO

State

IL

Zip Code

77376-3593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Internal Auditing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170744

Amount of Each Receipt this Period

58.38

SUBTOTAL of Receipts This Page (optional)..... ►

133.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

48492-7422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.48

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986850

Amount of Each Receipt this Period

55.91

Full Name (Last, First, Middle Initial)

B. DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

48492-7422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.39

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170823

Amount of Each Receipt this Period

55.91

Full Name (Last, First, Middle Initial)

C. ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City

Hawthorn Woods

State

IL

Zip Code

84754-0953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strat Deployment-S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.35

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986680

Amount of Each Receipt this Period

18.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City

Hawthorn Woods

State

IL

Zip Code

84754-0953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Ag Ops-Strat Deployment-S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170653

Amount of Each Receipt this Period

18.42

Full Name (Last, First, Middle Initial)

B. Corinne L Scott

Mailing Address 2173 Ranch View Drive

City

Rocklin

State

CA

Zip Code

62672-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABI-Territory Sales Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986920

Amount of Each Receipt this Period

16.36

Full Name (Last, First, Middle Initial)

c. Corinne L Scott

Mailing Address 2173 Ranch View Drive

City

Rocklin

State

CA

Zip Code

62672-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABI-Territory Sales Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170893

Amount of Each Receipt this Period

16.36

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Obie A Scott

Mailing Address 2173 Ranch View Dr.

City	State	Zip Code
Rocklin	CA	91640-9546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABD-Territory Sales Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986892

Amount of Each Receipt this Period

31.82

Full Name (Last, First, Middle Initial)

B. Obie A Scott

Mailing Address 2173 Ranch View Dr.

City	State	Zip Code
Rocklin	CA	91640-9546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABD-Territory Sales Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170865

Amount of Each Receipt this Period

31.82

Full Name (Last, First, Middle Initial)

C. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City	State	Zip Code
Chicago	IL	20257-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-CR-Strategic & Consum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986798

Amount of Each Receipt this Period

58.52

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

122.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STACY Y SHARPE

Mailing Address 1100 N. Lake Shore Drive

City	State	Zip Code
Chicago	IL	20257-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CR-Strategic & Consum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170771

Amount of Each Receipt this Period

58.52

Full Name (Last, First, Middle Initial)

B. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City	State	Zip Code
WHEATON	IL	63065-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3115.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986778

Amount of Each Receipt this Period

173.08

Full Name (Last, First, Middle Initial)

C. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City	State	Zip Code
WHEATON	IL	63065-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3288.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170751

Amount of Each Receipt this Period

173.08

SUBTOTAL of Receipts This Page (optional)..... ►

404.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

84783-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	4		2	0	1	5		

Transaction ID : A2015-1986735

Amount of Each Receipt this Period

22.74

Full Name (Last, First, Middle Initial)

B. STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

84783-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

428.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	5		

Transaction ID : A2015-2170708

Amount of Each Receipt this Period

22.74

Full Name (Last, First, Middle Initial)

C. ADAM R SHORES

Mailing Address 680 Brookstone Road

City

Grayslake

State

IL

Zip Code

84722-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Public Affairs-Sr Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

530.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	4		2	0	1	5		

Transaction ID : A2015-1986898

Amount of Each Receipt this Period

29.72

SUBTOTAL of Receipts This Page (optional)..... ►

75.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ADAM R SHORES

Mailing Address 680 Brookstone Road

City
GrayslakeState
ILZip Code
84722-3042FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Public Affairs-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170871

Amount of Each Receipt this Period

29.72

Full Name (Last, First, Middle Initial)

B. DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City

FAIR OAKS

State

CA

Zip Code

91696-7655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PO Fld-FPMO-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986835

Amount of Each Receipt this Period

24.67

Full Name (Last, First, Middle Initial)

C. DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City

FAIR OAKS

State

CA

Zip Code

91696-7655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PO Fld-FPMO-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170808

Amount of Each Receipt this Period

24.67

SUBTOTAL of Receipts This Page (optional)..... ►

79.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAVIER SILVA

Mailing Address 3549 N. OZANAM

City
CHICAGOState
ILZip Code
77321-3511FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986747

Amount of Each Receipt this Period

14.12

Full Name (Last, First, Middle Initial)

B. JAVIER SILVA

Mailing Address 3549 N. OZANAM

City
CHICAGOState
ILZip Code
77321-3511FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR-Cust Fulfillment-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170720

Amount of Each Receipt this Period

14.12

Full Name (Last, First, Middle Initial)

C. ROBERT L SIMMONS

Mailing Address 1146 39th Ave NE

City
St PetersburgState
FLZip Code
84844-8600FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986687

Amount of Each Receipt this Period

37.09

SUBTOTAL of Receipts This Page (optional)..... ►

65.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT L SIMMONS

Mailing Address 1146 39th Ave NE

City

St Petersburg

State

FL

Zip Code

84844-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

701.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170660

Amount of Each Receipt this Period

37.09

Full Name (Last, First, Middle Initial)

B. JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City

FREDERICK

State

MD

Zip Code

30169-5748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Mgmt OS Compliance

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

239.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986722

Amount of Each Receipt this Period

13.42

Full Name (Last, First, Middle Initial)

C. JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City

FREDERICK

State

MD

Zip Code

30169-5748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Mgmt OS Compliance

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170695

Amount of Each Receipt this Period

13.42

SUBTOTAL of Receipts This Page (optional)..... ►

63.93

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KIMBERLY J SLOANE

Mailing Address 650 Rochelle Terrace

City

LOMBARD

State

IL

Zip Code

63067-4039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Risk Mgmt-Sr Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

581.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986794

Amount of Each Receipt this Period

32.65

Full Name (Last, First, Middle Initial)

B. KIMBERLY J SLOANE

Mailing Address 650 Rochelle Terrace

City

LOMBARD

State

IL

Zip Code

63067-4039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Risk Mgmt-Sr Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

614.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170767

Amount of Each Receipt this Period

32.65

Full Name (Last, First, Middle Initial)

C. ANN M SMITH

Mailing Address 16801 Carmichael Place

City

Purcellville

State

VA

Zip Code

54033-8287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Sales Administrative

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986660

Amount of Each Receipt this Period

15.58

SUBTOTAL of Receipts This Page (optional)..... ►

80.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANN M SMITH

Mailing Address 16801 Carmichael Place

City	State	Zip Code
Purcellville	VA	54033-8287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Sales Administrative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170633

Amount of Each Receipt this Period

15.58

Full Name (Last, First, Middle Initial)

B. CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City	State	Zip Code
Arlington Heights	IL	84757-7123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986854

Amount of Each Receipt this Period

39.75

Full Name (Last, First, Middle Initial)

C. CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City	State	Zip Code
Arlington Heights	IL	84757-7123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Sr E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170827

Amount of Each Receipt this Period

39.75

SUBTOTAL of Receipts This Page (optional)..... ►

95.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KATHERINE A SMITH

Mailing Address 231 KAINER AVENUE

City

BARRINGTON

State

IL

Zip Code

84727-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp Gov Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986779

Amount of Each Receipt this Period

19.75

Full Name (Last, First, Middle Initial)

B. KATHERINE A SMITH

Mailing Address 231 KAINER AVENUE

City

BARRINGTON

State

IL

Zip Code

84727-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Corp Gov Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.15

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170752

Amount of Each Receipt this Period

19.75

Full Name (Last, First, Middle Initial)

C. KENNETH D SMITH

Mailing Address 619 N HUMPHREY AVE.

City

OAK PARK

State

IL

Zip Code

70852-4175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ARE-Architect & Constr-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.11

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986800

Amount of Each Receipt this Period

17.46

SUBTOTAL of Receipts This Page (optional)..... ►

56.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KENNETH D SMITH

Mailing Address 619 N HUMPHREY AVE.

City State Zip Code
 OAK PARK IL 70852-4175

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 ARE-Architect & Constr-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170773

Amount of Each Receipt this Period

17.46

Full Name (Last, First, Middle Initial)

B. RICHARD J SMITH Jr.

Mailing Address 75 N. Lake Ave

City State Zip Code
 Third Lake IL 84754-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986859

Amount of Each Receipt this Period

25.22

Full Name (Last, First, Middle Initial)

C. RICHARD J SMITH Jr.

Mailing Address 75 N. Lake Ave

City State Zip Code
 Third Lake IL 84754-8751

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 VP-PO-Product Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170832

Amount of Each Receipt this Period

25.22

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

67.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

84743-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Product Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1773.36

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986845

Amount of Each Receipt this Period

99.82

Full Name (Last, First, Middle Initial)

B. STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

84743-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PO-Product Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1873.18

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170818

Amount of Each Receipt this Period

99.82

Full Name (Last, First, Middle Initial)

C. WILLIAM R SPARKS

Mailing Address 2279 ENLUND DRIVE #2

City

PALATINE

State

IL

Zip Code

84764-4083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-EthicsComplPriv-Sr Mg

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

276.87

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986726

Amount of Each Receipt this Period

16.43

SUBTOTAL of Receipts This Page (optional)..... ►

216.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM R SPARKS

Mailing Address 2279 ENLUND DRIVE #2

City

PALATINE

State

IL

Zip Code

84764-4083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-EthicsComplPriv-Sr Mg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170699

Amount of Each Receipt this Period

16.43

Full Name (Last, First, Middle Initial)

B. KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City

GLENVIEW

State

IL

Zip Code

84799-8164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Accounting Resear

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986816

Amount of Each Receipt this Period

40.36

Full Name (Last, First, Middle Initial)

C. KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City

GLENVIEW

State

IL

Zip Code

84799-8164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Accounting Resear

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.31

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170789

Amount of Each Receipt this Period

40.36

SUBTOTAL of Receipts This Page (optional)..... ►

97.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City

Arlington

State

VA

Zip Code

70396-9876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Corp Strategy-Sr Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986831

Amount of Each Receipt this Period

31.99

Full Name (Last, First, Middle Initial)

B. BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City

Arlington

State

VA

Zip Code

70396-9876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Corp Strategy-Sr Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170804

Amount of Each Receipt this Period

31.99

Full Name (Last, First, Middle Initial)

c. Gilda L Spencer

Mailing Address 1675 N. Pebble Beach Way

City

Vernon Hills

State

IL

Zip Code

84791-8067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-L&R-Dispute Resolutio

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986939

Amount of Each Receipt this Period

32.76

SUBTOTAL of Receipts This Page (optional)..... ►

96.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Gilda L Spencer

Mailing Address 1675 N. Pebble Beach Way

City State Zip Code
Vernon Hills IL 84791-8067

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company SVP-L&R-Dispute Resolutio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.18

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170912

Amount of Each Receipt this Period

32.76

Full Name (Last, First, Middle Initial)

B. MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 84736-0031

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ATSV-Bus Prtn-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.79

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986730

Amount of Each Receipt this Period

62.31

Full Name (Last, First, Middle Initial)

C. MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 84736-0031

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ATSV-Bus Prtn-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1181.10

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170703

Amount of Each Receipt this Period

62.31

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City	State	Zip Code
ATLANTIC BEACH	FL	90424-7563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986720

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

B. GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City	State	Zip Code
ATLANTIC BEACH	FL	90424-7563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

859.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170693

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

C. JOHN A STOLTE

Mailing Address 330 KAREN WAY

City	State	Zip Code
TIBURON	CA	41538-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986886

Amount of Each Receipt this Period

20.41

SUBTOTAL of Receipts This Page (optional)..... ►

111.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN A STOLTE

Mailing Address 330 KAREN WAY

City
TIBURONState
CAZip Code
41538-1620FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.18

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170859

Amount of Each Receipt this Period

20.41

Full Name (Last, First, Middle Initial)

B. MYRON E STOUFFER

Mailing Address 324 W. Cook

City
LIBERTYVILLEState
ILZip Code
84736-7508FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Indpt. Agencies &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986716

Amount of Each Receipt this Period

32.98

Full Name (Last, First, Middle Initial)

C. MYRON E STOUFFER

Mailing Address 324 W. Cook

City
LIBERTYVILLEState
ILZip Code
84736-7508FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Indpt. Agencies &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170689

Amount of Each Receipt this Period

32.98

SUBTOTAL of Receipts This Page (optional)..... ►

86.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DANIEL J SULLIVAN

Mailing Address 4018 BERRYWOOD DRIVE

City
SEAFORDState
NYZip Code
51679-6177FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986682

Amount of Each Receipt this Period

13.89

Full Name (Last, First, Middle Initial)

B. DANIEL J SULLIVAN

Mailing Address 4018 BERRYWOOD DRIVE

City
SEAFORDState
NYZip Code
51679-6177FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170655

Amount of Each Receipt this Period

13.89

Full Name (Last, First, Middle Initial)

C. CARL J TACKETT

Mailing Address 307 WENDRON COURT

City
FRANKLINState
TNZip Code
61559-1854FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR Dist-Leadership-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986749

Amount of Each Receipt this Period

21.02

SUBTOTAL of Receipts This Page (optional)..... ►

48.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. CARL J TACKETT

Mailing Address 307 WENDRON COURT

City
FRANKLINState
TNZip Code
61559-1854FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ALR Dist-Leadership-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170722

Amount of Each Receipt this Period

21.02

Full Name (Last, First, Middle Initial)

B. SEAN D THAKUR

Mailing Address 222 S.Caldwell St

City
CharlotteState
NCZip Code
21491-2032FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Leader-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986862

Amount of Each Receipt this Period

20.19

Full Name (Last, First, Middle Initial)

C. SEAN D THAKUR

Mailing Address 222 S.Caldwell St

City
CharlotteState
NCZip Code
21491-2032FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Leader-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170835

Amount of Each Receipt this Period

20.19

SUBTOTAL of Receipts This Page (optional)..... ►

61.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 161 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Joy A Thomas

Mailing Address 2240 Henley Street

City

Glenview

State

IL

Zip Code

84772-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CC-Connected Car PD-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.67

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986918

Amount of Each Receipt this Period

14.87

Full Name (Last, First, Middle Initial)

B. Joy A Thomas

Mailing Address 2240 Henley Street

City

Glenview

State

IL

Zip Code

84772-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CC-Connected Car PD-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.54

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170891

Amount of Each Receipt this Period

14.87

Full Name (Last, First, Middle Initial)

C. MICHAEL A THOMAS

Mailing Address 152 Robsart Place

City

KENILWORTH

State

IL

Zip Code

84725-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABO-Administration & R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.94

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986901

Amount of Each Receipt this Period

27.12

SUBTOTAL of Receipts This Page (optional)..... ►

56.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL A THOMAS

Mailing Address 152 Robsart Place

City

KENILWORTH

State

IL

Zip Code

84725-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABO-Administration & R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170874

Amount of Each Receipt this Period

27.12

Full Name (Last, First, Middle Initial)

B. GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City

CHICAGO

State

IL

Zip Code

77328-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Strategic Bus Comm-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986765

Amount of Each Receipt this Period

35.13

Full Name (Last, First, Middle Initial)

C. GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City

CHICAGO

State

IL

Zip Code

77328-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Strategic Bus Comm-Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170738

Amount of Each Receipt this Period

35.13

SUBTOTAL of Receipts This Page (optional)..... ►

97.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM J THOMPSON

Mailing Address 5129 Pine River Trail

City State Zip Code
Castle Rock CO 72052-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986713

Amount of Each Receipt this Period

54.69

Full Name (Last, First, Middle Initial)

B. WILLIAM J THOMPSON

Mailing Address 5129 Pine River Trail

City State Zip Code
Castle Rock CO 72052-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.41

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170686

Amount of Each Receipt this Period

54.69

Full Name (Last, First, Middle Initial)

C. MELINDA S TUNNER

Mailing Address 190 West Johnson Street

City State Zip Code
Palatine IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Allstate Insurance Company VP-ABD-Sales Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986858

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

167.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MELINDA S TUNNER

Mailing Address 190 West Johnson Street

City	State	Zip Code
Palatine	IL	60067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ABD-Sales Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1081.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170831

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City	State	Zip Code
ENGLEWOOD	CO	72048-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986675

Amount of Each Receipt this Period

23.36

Full Name (Last, First, Middle Initial)

C. RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City	State	Zip Code
ENGLEWOOD	CO	72048-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170648

Amount of Each Receipt this Period

23.36

SUBTOTAL of Receipts This Page (optional)..... ►

104.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City

ELMHURST

State

IL

Zip Code

63053-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Sup & Proc Des-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986780

Amount of Each Receipt this Period

42.58

Full Name (Last, First, Middle Initial)

B. THOMAS P TUZAK

Mailing Address 443 HUNTINGTON LANE

City

ELMHURST

State

IL

Zip Code

63053-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Sup & Proc Des-Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170753

Amount of Each Receipt this Period

42.58

Full Name (Last, First, Middle Initial)

C. JEFFREY W URE

Mailing Address 609 S. KENNICOTT AVE

City

ARLINGTON HTS

State

IL

Zip Code

84757-7529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Manager-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170758

Amount of Each Receipt this Period

10.60

SUBTOTAL of Receipts This Page (optional)..... ►

95.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City
INVERNESSState Zip Code
IL 84735-8450FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-L&R-Government & Indu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1186.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986775

Amount of Each Receipt this Period

66.23

Full Name (Last, First, Middle Initial)

B. WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City
INVERNESSState Zip Code
IL 84735-8450FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-L&R-Government & Indu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1252.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170748

Amount of Each Receipt this Period

66.23

Full Name (Last, First, Middle Initial)

C. LISA A VAN SCOYOC

Mailing Address 555 PRIMROSE LANE

City
CRYSTAL LAKEState Zip Code
IL 81544-4708FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
FSS-Accounting-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986784

Amount of Each Receipt this Period

18.14

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LISA A VAN SCOYOC

Mailing Address 555 PRIMROSE LANE

City	State	Zip Code
CRYSTAL LAKE	IL	81544-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
FSS-Accounting-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170757

Amount of Each Receipt this Period

18.14

Full Name (Last, First, Middle Initial)

B. PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City	State	Zip Code
Wilmette	IL	84772-8061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-APL-Field Business Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1316.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : A2015-1986877

Amount of Each Receipt this Period

73.59

Full Name (Last, First, Middle Initial)

C. PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City	State	Zip Code
Wilmette	IL	84772-8061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-APL-Field Business Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1390.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : A2015-2170850

Amount of Each Receipt this Period

73.59

SUBTOTAL of Receipts This Page (optional)..... ►

165.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 168 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Ronald A Vargo

Mailing Address 5272 Galloway Drive

City	State	Zip Code
Hoffman Estates	IL	84748-8186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Architect-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986933

Amount of Each Receipt this Period

16.23

Full Name (Last, First, Middle Initial)

B. Ronald A Vargo

Mailing Address 5272 Galloway Drive

City	State	Zip Code
Hoffman Estates	IL	84748-8186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Architect-Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170906

Amount of Each Receipt this Period

16.23

Full Name (Last, First, Middle Initial)

C. MICHAEL F VITALE Jr.

Mailing Address 1824 Roy Lane

City	State	Zip Code
Forks Twp.	PA	61043-8407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Encp-Regional Sales Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986700

Amount of Each Receipt this Period

18.61

SUBTOTAL of Receipts This Page (optional)..... ►

51.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL F VITALE Jr.

Mailing Address 1824 Roy Lane

City

Forks Twp.

State

PA

Zip Code

61043-8407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Encp-Regional Sales Manag

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170673

Amount of Each Receipt this Period

18.61

Full Name (Last, First, Middle Initial)

B. EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City

GURNEE

State

IL

Zip Code

84768-0790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CE-Strategic Operations-D

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

379.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986820

Amount of Each Receipt this Period

21.15

Full Name (Last, First, Middle Initial)

C. EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City

GURNEE

State

IL

Zip Code

84768-0790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CE-Strategic Operations-D

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170793

Amount of Each Receipt this Period

21.15

SUBTOTAL of Receipts This Page (optional)..... ►

60.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 170 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Robert Wasserman

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

63068-2892

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MKTG-eBusiness & Dire

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1322.59

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986921

Amount of Each Receipt this Period

73.84

Full Name (Last, First, Middle Initial)

B. Robert Wasserman

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

63068-2892

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MKTG-eBusiness & Dire

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1396.43

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170894

Amount of Each Receipt this Period

73.84

Full Name (Last, First, Middle Initial)

C. LEWIS C WEBB II

Mailing Address 1444 El Pardo Dr

City

Trinity

State

FL

Zip Code

72737-5262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ABD-Regional Financial Sa

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.08

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986896

Amount of Each Receipt this Period

18.43

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. LEWIS C WEBB II

Mailing Address 1444 El Pardo Dr

City State Zip Code
 Trinity FL 72737-5262

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ABD-Regional Financial Sa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170869

Amount of Each Receipt this Period

18.43

Full Name (Last, First, Middle Initial)

B. BRET D WEHRLY

Mailing Address 2079 POWHATAN TRAIL

City State Zip Code
 RICHMOND KY 85940-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : A2015-1986876

Amount of Each Receipt this Period

13.88

Full Name (Last, First, Middle Initial)

C. BRET D WEHRLY

Mailing Address 2079 POWHATAN TRAIL

City State Zip Code
 RICHMOND KY 85940-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : A2015-2170849

Amount of Each Receipt this Period

13.88

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.19

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mary P Weiss

Mailing Address 5209 Westwood Drive

City	State	Zip Code
Bethesda	MD	20816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Legislative & Regu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3498.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986945

Amount of Each Receipt this Period

195.08

Full Name (Last, First, Middle Initial)

B. Mary P Weiss

Mailing Address 5209 Westwood Drive

City	State	Zip Code
Bethesda	MD	20816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-L&R-Legislative & Regu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3694.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170918

Amount of Each Receipt this Period

195.08

Full Name (Last, First, Middle Initial)

C. JEROME WHITE

Mailing Address 5081 OVERLOOK DR.

City	State	Zip Code
ROSWELL	GA	77064-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Fid SSD-Sales Ops-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986689

Amount of Each Receipt this Period

12.98

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

403.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 173 OF 205

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JEROME WHITE

Mailing Address 5081 OVERLOOK DR.

City
ROSWELLState
GAZip Code
77064-2212FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Fld SSD-Sales Ops-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170662

Amount of Each Receipt this Period

12.98

Full Name (Last, First, Middle Initial)

B. CYNTHIA A WHITFIELD

Mailing Address 298 Keswick Grove Lane

City
FranklinState
TNZip Code
33028-9436FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Transaction ID : A2015-1986685

Amount of Each Receipt this Period

26.84

Full Name (Last, First, Middle Initial)

C. CYNTHIA A WHITFIELD

Mailing Address 298 Keswick Grove Lane

City
FranklinState
TNZip Code
33028-9436FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABD-Field Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : A2015-2170658

Amount of Each Receipt this Period

26.84

SUBTOTAL of Receipts This Page (optional)..... ►

66.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

84796-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Insurance Operation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

849.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986751

Amount of Each Receipt this Period

47.51

Full Name (Last, First, Middle Initial)

B. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

84796-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PF-Insurance Operation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

897.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170724

Amount of Each Receipt this Period

47.51

Full Name (Last, First, Middle Initial)

C. JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City

Sandy

State

UT

Zip Code

80199-9464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership R

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

527.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986715

Amount of Each Receipt this Period

29.46

SUBTOTAL of Receipts This Page (optional)..... ►

124.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City	State	Zip Code
Sandy	UT	80199-9464

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Claims-Field Leadership R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170688

Amount of Each Receipt this Period

29.46

Full Name (Last, First, Middle Initial)

B. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City	State	Zip Code
CLARKSVILLE	MD	30185-4212

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986766

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City	State	Zip Code
CLARKSVILLE	MD	30185-4212

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170739

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City
CHICAGOState
ILZip Code
31225-5153FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4932.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015**Transaction ID : A2015-1986841**

Amount of Each Receipt this Period

276.92

Full Name (Last, First, Middle Initial)

B. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City
CHICAGOState
ILZip Code
31225-5153FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015**Transaction ID : A2015-2170814**

Amount of Each Receipt this Period

67.37

Full Name (Last, First, Middle Initial)

C. KURT L WINTER

Mailing Address 1403 N. WALNUT

City
ARLINGTON HGHTSState
ILZip Code
84787-0021FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-MKTG-Regional Marketin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.20

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015**Transaction ID : A2015-1986897**

Amount of Each Receipt this Period

23.68

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

367.97

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. KURT L WINTER

Mailing Address 1403 N. WALNUT

City	State	Zip Code
ARLINGTON HGHTS	IL	84787-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Allstate Insurance Company	VP-MKTG-Regional Marketin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170870

Amount of Each Receipt this Period

23.68

Full Name (Last, First, Middle Initial)

B. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City	State	Zip Code
West Hartford	CT	86020-6498

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Allstate Insurance Company	EVP-APL-Pres. The Allstat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3319.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986925

Amount of Each Receipt this Period

184.62

Full Name (Last, First, Middle Initial)

C. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City	State	Zip Code
West Hartford	CT	86020-6498

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Allstate Insurance Company	EVP-APL-Pres. The Allstat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3504.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170898

Amount of Each Receipt this Period

184.62

SUBTOTAL of Receipts This Page (optional)..... ►

392.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City

JOHNSBURG

State

IL

Zip Code

81536-3915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Leader-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.58

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986815

Amount of Each Receipt this Period

21.64

Full Name (Last, First, Middle Initial)

B. RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City

JOHNSBURG

State

IL

Zip Code

81536-3915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

ATO-Leader-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.22

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170788

Amount of Each Receipt this Period

21.64

Full Name (Last, First, Middle Initial)

C. BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

84781-8059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

FSS-Accounting-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.31

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986812

Amount of Each Receipt this Period

23.41

SUBTOTAL of Receipts This Page (optional)..... ►

66.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City	State	Zip Code
ARLINGTON HTS.	IL	84781-8059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
FSS-Accounting-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170785

Amount of Each Receipt this Period

9.19

Full Name (Last, First, Middle Initial)

B. ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City	State	Zip Code
Ivanhoe	IL	22447-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABD-Field Admin-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986865

Amount of Each Receipt this Period

43.78

Full Name (Last, First, Middle Initial)

C. ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City	State	Zip Code
Ivanhoe	IL	22447-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ABD-Field Admin-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170838

Amount of Each Receipt this Period

43.78

SUBTOTAL of Receipts This Page (optional)..... ►

96.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City

HAWTHORN WOODS

State

IL

Zip Code

84771-9132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CE-Workforce Mgmt-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.75

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986684

Amount of Each Receipt this Period

17.95

Full Name (Last, First, Middle Initial)

B. MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City

HAWTHORN WOODS

State

IL

Zip Code

84771-9132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CE-Workforce Mgmt-Sr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.70

Date of Receipt

09 / 18 / 2015

Transaction ID : A2015-2170657

Amount of Each Receipt this Period

17.95

Full Name (Last, First, Middle Initial)

C. DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City

CHICAGO

State

IL

Zip Code

77387-8077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Reputation-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.40

Date of Receipt

09 / 04 / 2015

Transaction ID : A2015-1986709

Amount of Each Receipt this Period

22.01

SUBTOTAL of Receipts This Page (optional)..... ►

57.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City
CHICAGOState
ILZip Code
77387-8077FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CR-Reputation-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170682

Amount of Each Receipt this Period

22.01

Full Name (Last, First, Middle Initial)

B. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

84769-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Data Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1191.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986793

Amount of Each Receipt this Period

66.75

Full Name (Last, First, Middle Initial)

C. FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

84769-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-APL-Chief Data Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1258.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170766

Amount of Each Receipt this Period

66.75

SUBTOTAL of Receipts This Page (optional)..... ►

155.51

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 48024-7334

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986856

Amount of Each Receipt this Period

38.06

Full Name (Last, First, Middle Initial)

B. NOEL C YOUNG

Mailing Address 10936 E. Butherus Drive

City State Zip Code
 Scottsdale AZ 48024-7334

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : A2015-2170829

Amount of Each Receipt this Period

38.06

Full Name (Last, First, Middle Initial)

C. PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
 BUFFALO GROVE IL 84763-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 ARE-Aviation Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A2015-1986768

Amount of Each Receipt this Period

22.54

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

98.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City	State	Zip Code
BUFFALO GROVE	IL	84763-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
ARE-Aviation Leadership-D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170741

Amount of Each Receipt this Period

22.54

Full Name (Last, First, Middle Initial)

B. MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City	State	Zip Code
ARLINGTON HEIGHTS	IL	84725-9928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Encp-Operations-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : A2015-1986791

Amount of Each Receipt this Period

45.42

Full Name (Last, First, Middle Initial)

C. MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City	State	Zip Code
ARLINGTON HEIGHTS	IL	84725-9928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Encp-Operations-Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : A2015-2170764

Amount of Each Receipt this Period

45.42

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

113.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City

VILLA PARK

State

IL

Zip Code

63027-9292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Top

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986827

Amount of Each Receipt this Period

21.74

Full Name (Last, First, Middle Initial)

B. PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City

VILLA PARK

State

IL

Zip Code

63027-9292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Ins Ops Attorney-Top

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

411.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Transaction ID : A2015-2170800

Amount of Each Receipt this Period

21.74

Full Name (Last, First, Middle Initial)

C. GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

63058-5662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1399.82

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	5		

Transaction ID : A2015-1986849

Amount of Each Receipt this Period

78.34

SUBTOTAL of Receipts This Page (optional)..... ►

121.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City
AURORA

State Zip Code
IL 63058-5662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

L&R-Gov & Ind Rel Attorne

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1478.16

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170822

Amount of Each Receipt this Period

78.34

Full Name (Last, First, Middle Initial)

B. CARLA A ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City
VERNON HILLS

State Zip Code
IL 84781-6364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Operations Suppor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.10

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2015

Transaction ID : A2015-1986879

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

C. CARLA A ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City
VERNON HILLS

State Zip Code
IL 84781-6364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ABO-Operations Suppor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.58

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A2015-2170852

Amount of Each Receipt this Period

50.48

SUBTOTAL of Receipts This Page (optional)..... ►

179.30

TOTAL This Period (last page this line number only)..... ►

20069.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City	State	Zip Code
Elmhurst	IL	60062

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B584949

Amount of Each Disbursement this Period

87.33

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

87.33

87.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 187 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. McSally for Congress

Mailing Address 412 South Capitol Street SE Ste. B

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Martha E McSallyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B583140

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Crapo for U.S. Senate

Mailing Address 25 East Masonic View Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Contribution

Candidate Name

Michael D CrapoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B583146

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROSKAM PAC

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B583143

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Raja for Congress

Mailing Address P.O. Box 681202

City Schaumburg	State IL	Zip Code 60168
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Purpose of Disbursement
Contribution

Candidate Name

S R KrishnamoorthiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : B583690

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Randy Hultgren for Congress

Mailing Address 5827 Colfax Avenue

City Alexandria	State VA	Zip Code 22311
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Purpose of Disbursement
Contribution

Candidate Name

Randy HultgrenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : B583923

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Raja for Congress

Mailing Address P.O. Box 958033

City Hoffman Estates	State IL	Zip Code 60195
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Purpose of Disbursement
Contribution

Candidate Name

S R KrishnamoorthiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : B583920

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 189 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Blaine for Congress

Mailing Address 3410 Alabama Avenue

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement
Contribution

011

Candidate Name

Blaine LuetkemeyerCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 03

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B583139

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SASSE PAC

Mailing Address 499 S. Capitol St. SW Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼ Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B583149

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Kelly Ayotte

Mailing Address 499 South Capitol Street SW Suite

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Kelly AyotteCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NH District:

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : B583148

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 190 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Scott Garrett for Congress

Mailing Address 1000 New Jersey Ave. SE #1016

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

E. Scott Garrett

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 05

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : B583691

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Duffy for Congress

Mailing Address PO Box 538

City	State	Zip Code
Wausau	WI	54402

Purpose of Disbursement
Contribution

Candidate Name

Sean Duffy

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WI District: 07

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : B583141

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

18500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 191 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Jason Rapert for Arkansas Senate 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Mailing Address P.O. Box 10388

City	State	Zip Code
Conway	AR	72034

Purpose of Disbursement
P-2018 State Senate 35 AR

011

Transaction ID : B582779

Amount of Each Disbursement this Period

500.00

Candidate Name

Jason RapertCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 35

Full Name (Last, First, Middle Initial)

B. Committee to Elect Sylvia Allen 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Mailing Address PO Box 952

City	State	Zip Code
Snowflake	AZ	85937

Purpose of Disbursement
P-2016 State Senate 6 AZ

011

Transaction ID : B582556

Amount of Each Disbursement this Period

200.00

Candidate Name

Sylvia AllenCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 06

Full Name (Last, First, Middle Initial)

C. Begay for Arizona

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Mailing Address P.O. Box 1222

City	State	Zip Code
Willow Rock	AZ	86515

Purpose of Disbursement
P-2016 State Senate 07 AZ

011

Transaction ID : B582553

Amount of Each Disbursement this Period

200.00

Candidate Name

Carlyle BegayCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Biggs2016

Mailing Address 10612 S. Greenfield Rd.

City	State	Zip Code
Gilbert	AZ	85234

Purpose of Disbursement
P-2016 State Senate 12 AZ

011

Candidate Name

Andy BiggsCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582551

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

B. Coleman for Arizona 2016

Mailing Address 1474 South Royal Palm Road

City	State	Zip Code
Apache Junction	AZ	85119

Purpose of Disbursement
P-2016 State House 16 AZ

011

Candidate Name

Doug ColemanCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582532

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Elect Karen Fann

Mailing Address 5691 Hole in One Drive

City	State	Zip Code
Prescott	AZ	86301

Purpose of Disbursement
P-2016 State Senate 01 AZ

011

Candidate Name

Karen FannCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582558

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1150.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Allstate Insurance Company PAC

A. Farnsworth for Senate 2016

Date of Disbursement

Transaction ID : B582559

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: AZ District: 16

Full Name (Last, First, Middle Initial)

B. Elect Hobbs 2016

Date of Disbursement

Mailing Address 837 East Windsor Avenue

City	State	Zip Code
Phoenix	AZ	85006

Transaction ID : B582550

Purpose of Disbursement
P-2016 State Senate 24 AZ

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: AZ District: 24

Full Name (Last, First, Middle Initial)

C. Larkin for Legislature

Date of Disbursement

Mailing Address 4503 West Loma Lane

City	State	Zip Code
Glendale	AZ	85302

Transaction ID : B582557

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: AZ District: 30

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Re-Elect Debbie Lesko 2016

Mailing Address P.O. Box 5292

City	State	Zip Code
Peoria	AZ	85385

Purpose of Disbursement
P-2016 State Senate 21 AZ

011

Candidate Name

Debbie LeskoCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582485

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Lovas For Arizona

Mailing Address 7197 West Mariposa Grande Lane

City	State	Zip Code
Peoria	AZ	85383

Purpose of Disbursement
P-2016 State House 22 AZ

011

Candidate Name

Phil LovasCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582555

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Elect Eric Meyer 2016

Mailing Address 7765 North Foothill Drive South

City	State	Zip Code
Paradise Valley	AZ	85253

Purpose of Disbursement
P-2016 State House 28 AZ

011

Candidate Name

Eric MeyerCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582562

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Allstate Insurance Company PAC

250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Robson 2016

Mailing Address 2713 W Oakgrove Lane

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

Purpose of Disbursement
P-2016 State House 18 AZ

Candidate Name

Robert Robson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 18

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582554

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Shooter for Senate

Mailing Address 2901 S. Palo Verde Lane Unit 42

City Yuma	State AZ	Zip Code 85365
--------------	-------------	-------------------

Purpose of Disbursement
P-2016 State Senate 13 AZ

Candidate Name

Don Shooter

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 13

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582552

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Stevens for AZ

Mailing Address P.O. Box 13

City Sierra Vista	State AZ	Zip Code 85636
----------------------	-------------	-------------------

Purpose of Disbursement
P-2016 State House 14 AZ

Candidate Name

David Stevens

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 14

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : B582534

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Baltimore for Iowa House

Mailing Address P.O. Box 367

City	State	Zip Code
Boone	IA	50036

Purpose of Disbursement
P-2016 State House 47 IA

Candidate Name

Chip BaltimoreOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : B583922

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cownie for Statehouse

Mailing Address 4109 Timberwood Drive

City	State	Zip Code
West Des Moines	IA	50265

Purpose of Disbursement
P-2016 State House 42 IA

Candidate Name

Peter CownieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : B583921

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends for Dix

Mailing Address 317 South Walnut Street

City	State	Zip Code
Shell Rock	IA	50670

Purpose of Disbursement
P-2016 State Senate 25 IA

Candidate Name

Bill DixOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : B583919

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Gronstal

Mailing Address 220 Bennett Avenue

City	State	Zip Code
Council Bluffs	IA	51503

Purpose of Disbursement
P-2018 State Senate 8 IA

011

Candidate Name

Michael GronstalCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : B583917

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hagenow for Iowa House

Mailing Address 1915 69th Street

City	State	Zip Code
Windsor Heights	IA	50324

Purpose of Disbursement
P-2016 State House 43 IA

011

Candidate Name

Chris HagenowCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : B583924

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Soddors for State Senate

Mailing Address P.O. Box 723

City	State	Zip Code
State Center	IA	50247

Purpose of Disbursement
P-2018 State Senate 36 IA

011

Candidate Name

Steven SoddorsCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : B583918

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Upmeyer for House

Mailing Address P.O. Box 192

City	State	Zip Code
Clear Lake	IA	50428

Purpose of Disbursement
P-2016 State House 54 IA

Candidate Name

Linda L. UpmeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 54

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2015

Transaction ID : B583916

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kathy Campbell for Legislature

Mailing Address 6111 Chartwell Lane

City	State	Zip Code
Lincoln	NE	68516

Purpose of Disbursement
P-2016 State Senate 25 NE

Candidate Name

Kathy CampbellOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2015

Transaction ID : B582987

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Joni Craighead for Legislature

Mailing Address 931 South 119th Court

City	State	Zip Code
Norfolk	NE	68701

Purpose of Disbursement
P-2018 State Senate 06 NE

Candidate Name

Joni K CraigheadOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2015

Transaction ID : B582997

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Mike Gloor for Legislature

Mailing Address 2120 Barbara Avenue

City	State	Zip Code
Grand Island	NE	68803

Purpose of Disbursement
P-2016 State Senate 35 NE

011

Candidate Name

Mike GloorCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B582992

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Hadley for Legislature

Mailing Address 3112 Country Club Ln

City	State	Zip Code
Kearney	NE	68845

Purpose of Disbursement
P-2016 State Senate 37 NE

011

Candidate Name

Galen HadleyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B582991

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Burke Harr for Legislature

Mailing Address 1620 Dodge Street Suite 1800

City	State	Zip Code
Omaha	NE	68102

Purpose of Disbursement
P-2018 State Senate 8 NE

011

Candidate Name

Burke HarrCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B583003

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Neighbors for Sara Howard

Mailing Address 132 North 40th Street

City Omaha	State NE	Zip Code 68131
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Purpose of Disbursement
P-2016 State Senate 9 NE

011

Candidate Name

Sara HowardCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B583000

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Friends of Lindstrom

Mailing Address 14911 Lake Street

City Omaha	State NE	Zip Code 68116
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Purpose of Disbursement
P-2018 State Senate 18 NE

011

Candidate Name

Brett LindstromCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B582995

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Scheer for State Legislature

Mailing Address 2705 Dover Drive

City Norfolk	State NE	Zip Code 68701
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Purpose of Disbursement
P-2016 State Senate 19 NE

011

Candidate Name

James ScheerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : B582989

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

900.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. People for Paul Schumacher

Mailing Address P.O. Box 122

City	State	Zip Code
Columbus	NE	68602

Purpose of Disbursement
P-2018 State Senate 22 NE

011

Candidate Name

Paul M SchumacherCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

Transaction ID : B583001

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Matt Williams for Legislature Inc.

Mailing Address P.O. Box 81

City	State	Zip Code
Gothenburg	NE	69138

Purpose of Disbursement
P-2018 State Senate 36 NE

011

Candidate Name

Matt WilliamsCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

Transaction ID : B582998

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Friends of Brian Bingman

Mailing Address 1502 East McKinley Avenue

City	State	Zip Code
Sapulpa	OK	74066

Purpose of Disbursement
P-2018 State Senate 12 OK

011

Candidate Name

Brian BingmanCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2015

Transaction ID : B582405

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

850.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Bill Brown for State Senate

Mailing Address 300 South 63rd Street

City Broken Arrow	State OK	Zip Code 74014
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Purpose of Disbursement
P-2018 State Senate 36 OK

011

Category/
Type

Candidate Name

Bill Brown

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : B582404

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Northwest Oklahomans for Jeff Hickman

Mailing Address PO Box 102

City Fairview	State OK	Zip Code 73737
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Purpose of Disbursement
P-2016 State House 58 OK

011

Category/
Type

Candidate Name

Jeff Hickman

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 58

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : B582408

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Glen Mulready

Mailing Address 660 W 77th Place

City Tulsa	State OK	Zip Code 74132
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Purpose of Disbursement
P-2016 State House 68 OK

011

Category/
Type

Candidate Name

Glen Mulready

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 68

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : B582403

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Allstate Insurance Company PAC

A. Friends of Tina Pickett



011

Tina L. Pickett

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 11

B.



☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

1000.00

13750.00